Every Woman's Life

Catalyst 120 Training Manual

Virginia Department of Health

Version 2021, 7/26/2021

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Introduction

What is Catalyst 120?

- Catalyst 120 is a secure cloud-based public health management software system that allows users to manage the Every Woman's Life (EWL) program from enrollment, to screening, navigation, and diagnosis through a web-based data system. Catalyst 120 eliminates the inefficiencies of manual coordination and paper data collection historically required as part of EWL.

- In addition, Catalyst 120 will allow EWL to fully meet Commonwealth security requirements for Protected Health Information (PHI). All data entered into Catalyst 120 will be stored on Commonwealth of Virginia servers that adhere to all Commonwealth security standards for PHI.

- The Catalyst 120 database can be accessed through the following url: https://catalyst.vdh.virginia.gov/

Internet Browser Compatibility

- Catalyst 120 is designed for the most current version of the following browsers:

    - Chrome Firefox Microsoft Edge

- If you do not have the Microsoft Edge version of Internet Explorer, a loss of functionality or performance will result.

- Please be sure to use a current and supported browser when accessing the Catalyst 120 system and report any issues to the EWL Data Manager immediately.

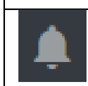
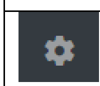
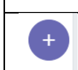
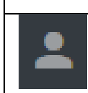
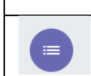
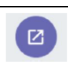
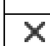
Before you start

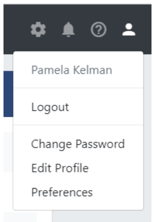
- Catalyst 120 times out after 15 minutes of inactivity. Save frequently. Activity is defined as communication with Catalyst 120 by clicking save, search, new, or changing branches on the navigation tree (left side of screen).

- Catalyst 120 does not save automatically. Save before navigating away from a screen or engaging in other activities.

- If you are having difficulties using Catalyst 120, there is a “help” (?) icon in the upper right hand corner. If the help function is not effective, please contact the EWL Data Manager for assistance.

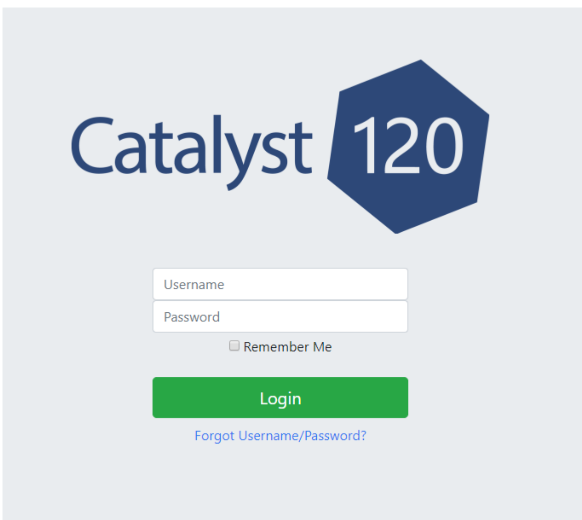
Basic Definitions for Navigation

Icon	**Name**	**Description**
Catalyst120	Home	Access the home landing screen when you first log into Catalyst 120
	Help	You have the option to view a help tour for the screen you are accessing or go to the Catalyst 120 Help Center. Note: Only some of the Catalyst 120 screens have help tours.
	Notifications	Access the notifications screen where you can view and manage your notifications.
	Component Settings	Manage settings for the screen or component you are accessing.
	Site Settings	Manage settings for the site. Only administrators have access to site settings.
	Search	Search the database for participants.
	New	Add a new participant to the database.
	Profile	Access to change your password, edit your profile, or select your preferences.
	Print	Access the print parameters screens to print current screen.
	Report Criteria	Access to select the criteria to utilize for reports.
	Export	Access the export parameters screen to export your report
	Edit	To edit information
Save	Save	To save information
	Delete	To delete information
Cancel	Cancel	To cancel current activity.

	Logout	To sign out of a Catalyst 120 session and leave the data system, click on the profile icon in the upper right hand corner and drop down to logout.

Signing in

- The Catalyst 120 database can be accessed through the following url: https:// https://catalyst.vdh.virginia.gov/



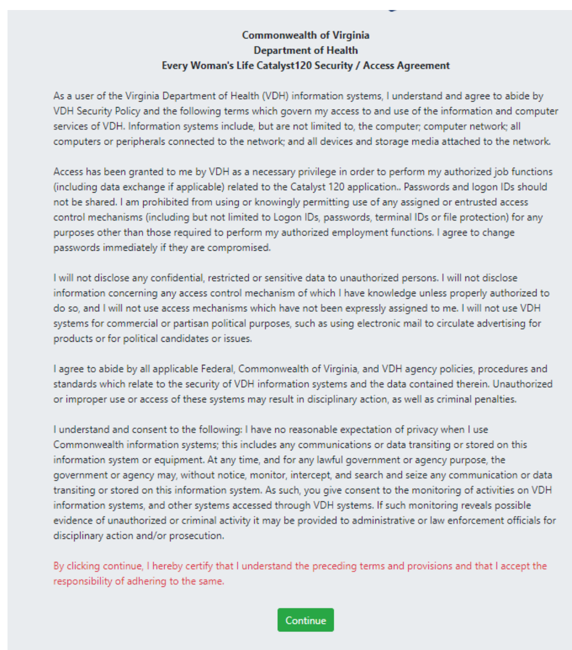
- Username is an individual's full email (jan.doe@gmail.com)
- Temporary passwords for all users will be sent in a separate email from the username.
- All users will be prompted to reset their password upon first log in to a unique password.
- All passwords must meet the following criteria:
  - Minimum 8 characters
  - At least one upper case letter
  - At least one lower case letter
  - At least 1 number
  - At least one special character - !,@,#,$,%,^,&,*,(,)
- All passwords will need to be updated every 90 days.

- If you forget your password, click the *Forgot Username/Password?* option at the bottom of the screen and follow the prompts.

- You will need both your user name **and** email address to reset your password. A temporary password will be issued and when you login you will be prompted to create a new password.

VDH Security Agreement

- This notification will appear annually. By selecting continue, you are consenting to abide by VDH Security Policy and the following terms which govern our access to and use of the information and computer services of VDH. Information systems include, but are not limited to, the computer; computer network; all computers or peripherals connected to the network; and all devices and storage media attached to the network.



Commonwealth of Virginia
Department of Health
Every Woman's Life Catalyst120 Security / Access Agreement

As a user of the Virginia Department of Health (VDH) information systems, I understand and agree to abide by VDH Security Policy and the following terms which govern my access to and use of the information and computer services of VDH. Information systems include, but are not limited to, the computer; computer network; all computers or peripherals connected to the network; and all devices and storage media attached to the network.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions (including data exchange if applicable) related to the Catalyst 120 application.. Passwords and logon IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (including but not limited to Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH systems for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH agency policies, procedures and standards which relate to the security of VDH information systems and the data contained therein. Unauthorized or improper use or access of these systems may result in disciplinary action, as well as criminal penalties.

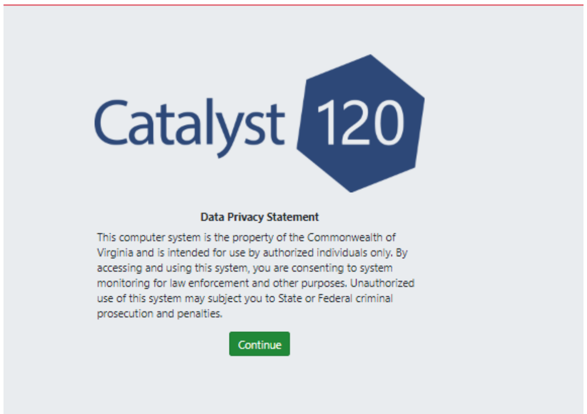
I understand and consent to the following: I have no reasonable expectation of privacy when I use Commonwealth information systems; this includes any communications or data transiting or stored on this information system or equipment. At any time, and for any lawful government or agency purpose, the government or agency may, without notice, monitor, intercept, and search and seize any communication or data transiting or stored on this information system. As such, you give consent to the monitoring of activities on VDH information systems, and other systems accessed through VDH systems. If such monitoring reveals possible evidence of unauthorized or criminal activity it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By clicking continue, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same.

Continue

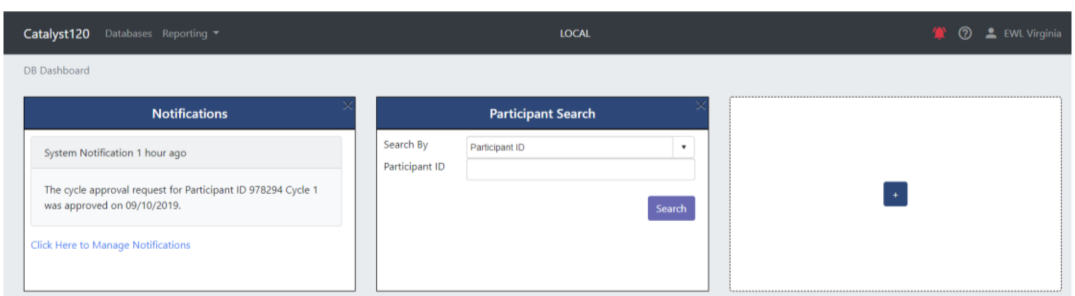
VDH Data User Agreement

- This notification will appear every time you log in. By selecting continue, you are consenting to maintaining a secure environment and PHI of all of our clients.



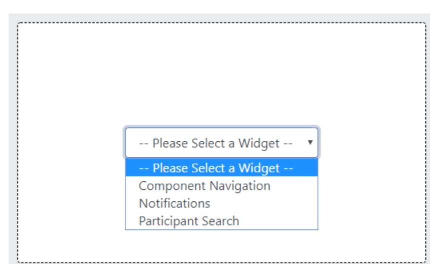
Landing Screen: Widgets

- The widgets on the main landing screen are comprised of 6 horizontally aligned squares or "widgets". Each widget has the capability to be customized to a display a snap shot of program information selected by the individual user (i.e. notifications, participant search, etc.). Once selected, this snap shot will automatically appear in its widget whenever an individual logs in.



How to Customize a Widget

- Click +, a drop down will appear.
- "—Please select a Widget--"
- Select the desired widget (i.e. Notifications, etc.).
- There are 6 places for Widgets.



Navigation Tree

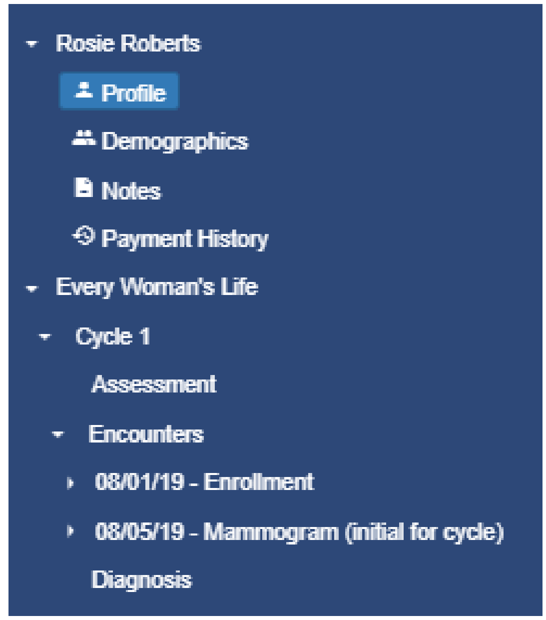
- Navigation tree is the term used to refer to the menu structure on the left side of the database view. This can be used to navigate to different parts of a patient's record.

- The navigation tree will only display information for one patient at a time.

- Select an item (i.e. profile) from the tree to access that item.

- Click expand (>) to expand the navigation tree.

- Click collapse (∨) to collapse the navigation tree.



Key Terms and Definitions

- Profile: Contains name, address and phone number. Information can be used to verify client from more than one participant with the same name.

- Demographics: Contains CDC required information on race/ethnicity, income, insurance, and family cancer history.

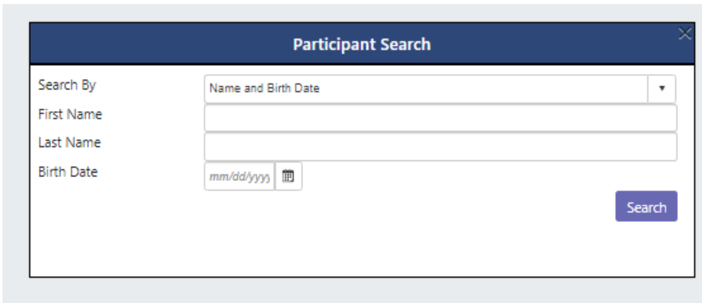
- Cycle of service refers to the current client cycle. It starts with an enrollment and ends with a normal screening or a diagnosis.

- Key Fields: These are required fields that will show an * when left blank and the screen is saved. Some required fields will be highlighted in PINK to help the user remember to complete it. It is important to note that not all required fields will be highlighted in PINK. Rules have been established within the data system for required fields; these cannot be overridden by the user. If you feel an error message has occurred incorrectly, please contact the EWL Data Manager.

- Gray fields are automatically populated by the system and can't be overridden by the user.

Participant Search

- The participant search function must be used whenever searching for a client, prior to entering data on a new client, or navigating to an already existing EWL client's record. *First Name*, *Last Name* and *Birth Date* must be completed when using the participant search function.



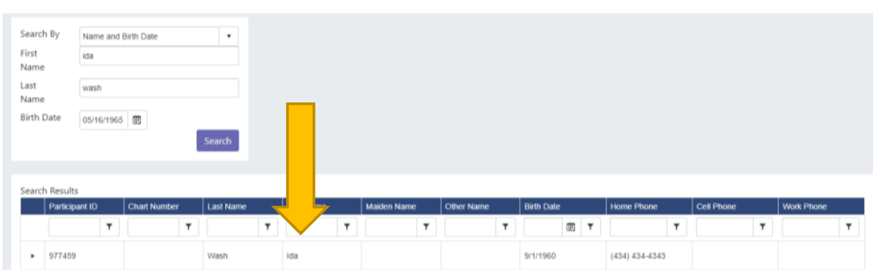
- If any of the search criteria are a match, a table of all matches will be populated. By clicking on a client name in the table, you will be taken to their profile screen where you can use the information already in the record to confirm their identity.

- Users will be able to see records for all EWL clients, even those not enrolled through their respective EWL site. However, users will only be able to edit records of clients whom have been enrolled at their assigned provider site.

- If a client needs to transfer from one EWL provider site to another, please contact the EWL Data Manager, who will ensure editing access is changed to the new provider.

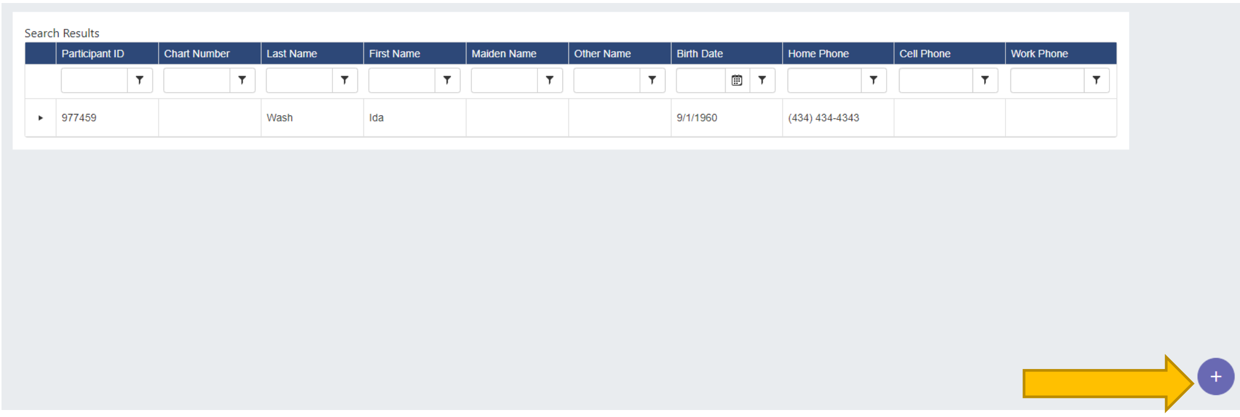
- When searching for a client, if you find any errors in name or date of birth, DO NOT make the changes yourself. Please notify the EWL Data Manager.

- If a search locates the client, follow the instructions for **Returning EWL Clients** (see page 29). If the client is not in the system, follow the instructions for **Adding a New Client** (see page 11).

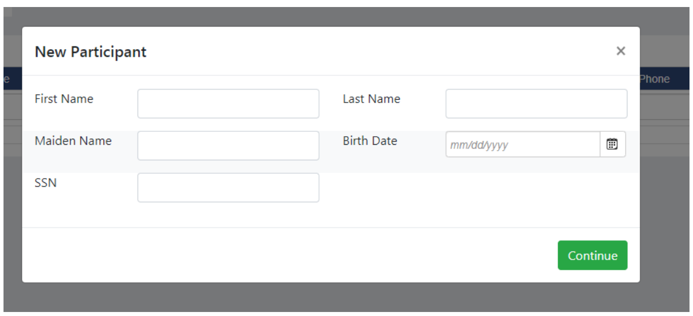


Adding a New Client

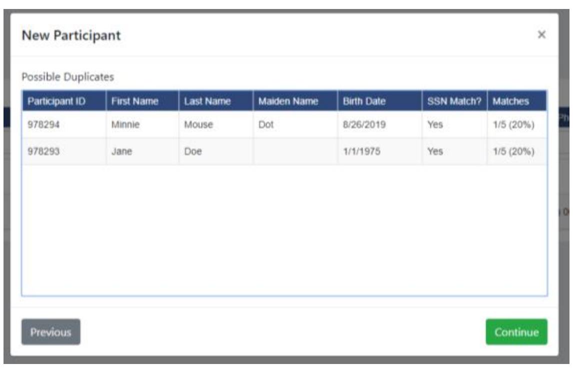
- After doing a search, if there is no existing profile for the client, a new one can be created by clicking the plus (+) sign in the bottom right hand side of the screen. This will take the user to the new participant screen.



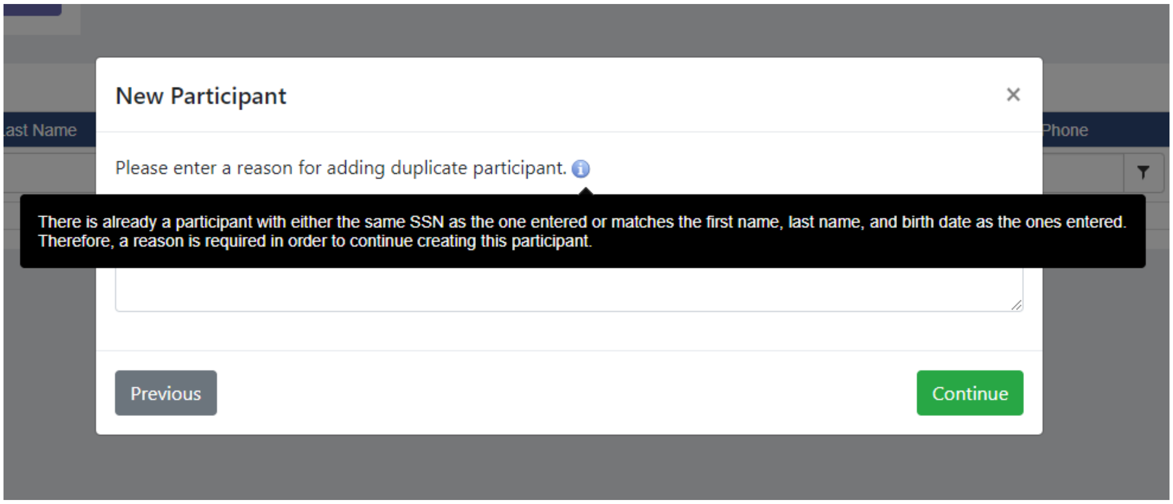
- When entering a new patient, first name, last name, birth date, and SSN should be completed. If the client does not have a SSN, leave this section blank. Once done click *continue*, this will take you to the Profile Screen.



- If client's first name, last name, DOB or SSN match any clients in the database you will get the pop up below.



- Verify all information and if client is not the same as those listed you will need to enter a reason for the duplicate, this box will pop up when you click *continue* (ie. Twins)



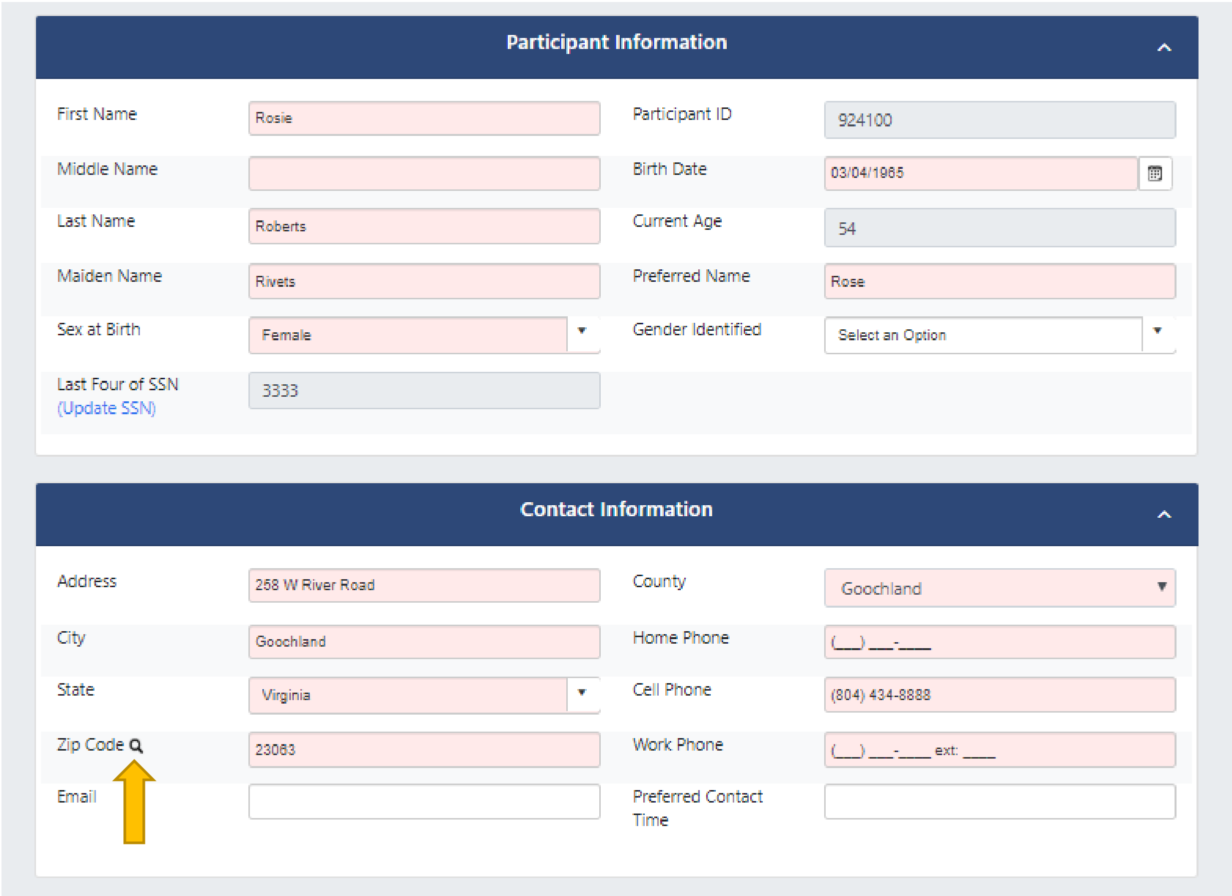
Profile Screen

- After clicking *continue* on the New Participant screen the profile screen will pop up with the new patient's *first name, last name*, *birth date*, and *SSN* automatically populated. *Sex at Birth* will also be auto populated to female. If this is not correct for a client, it can be changed.

- *First Name*, *Last Name*, *Date of Birth*, *Phone #*, *Address*, and *Zip Code* are all required fields.

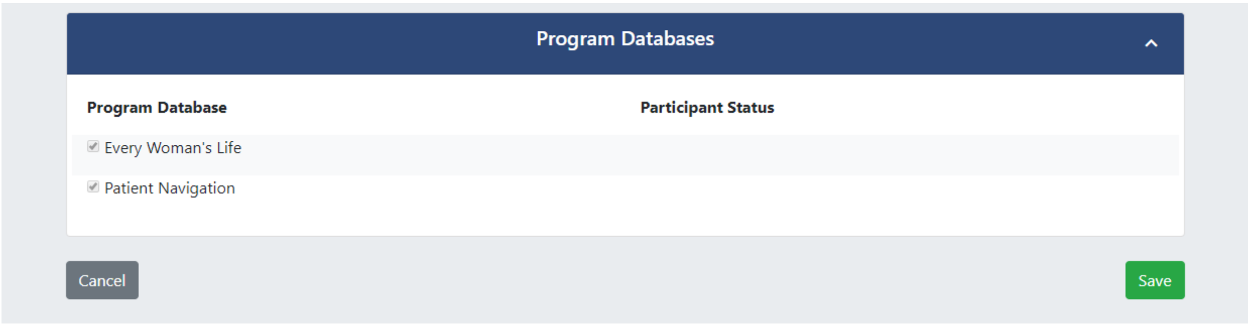
- If the participant has a preferred name, enter in the *Preferred Name* field and **use their legal name** for *First Name* and *Last Name*.

- Magnifying Glass: Once a zip code field is entered, clicking the magnifying glass will auto populate the *County* field.

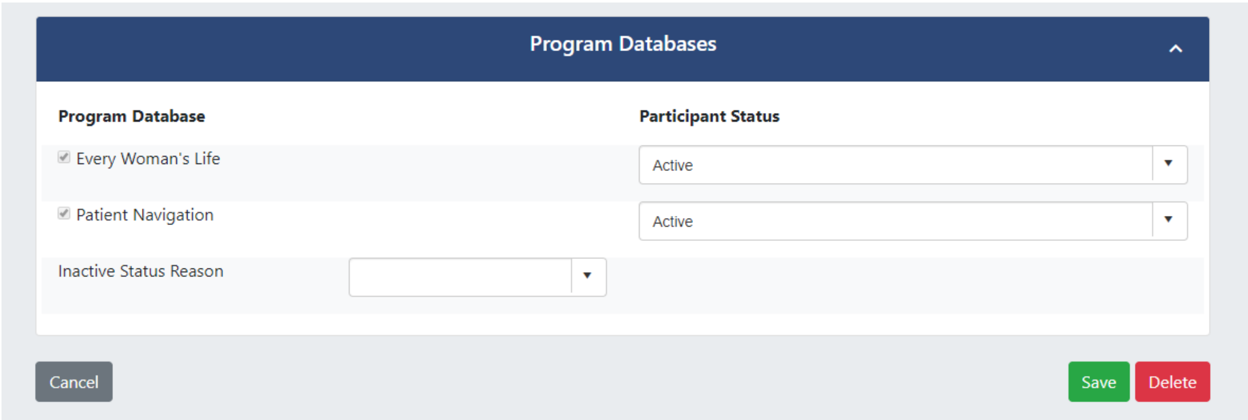


Program Databases

- At the bottom of the profile screen is a section titled Program Databases. The Every Woman's Life and Patient Navigation databases will automatically be pre-selected for the user.
- *Save* must be clicked for the navigation tree to appear.

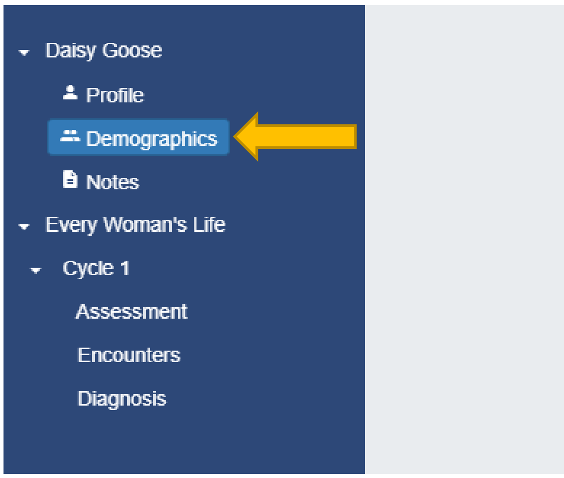


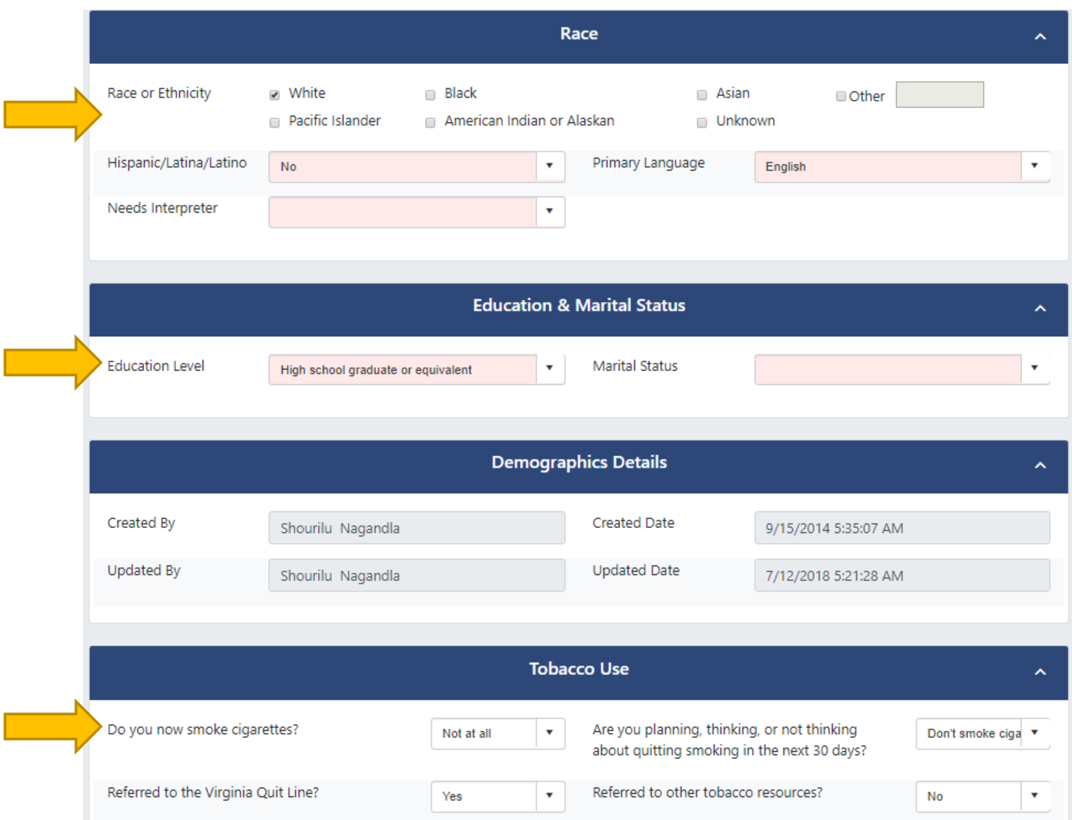
- Once the Profile screen is saved, *Participant Status* will appear under the Program Databases section. 'Active' will be auto-populated for both Every Woman's Life and Patient Navigation. If the participant is 'Inactive' use the *Inactive Status Reason* dropdown to select the reason for inactivation.



Demographics

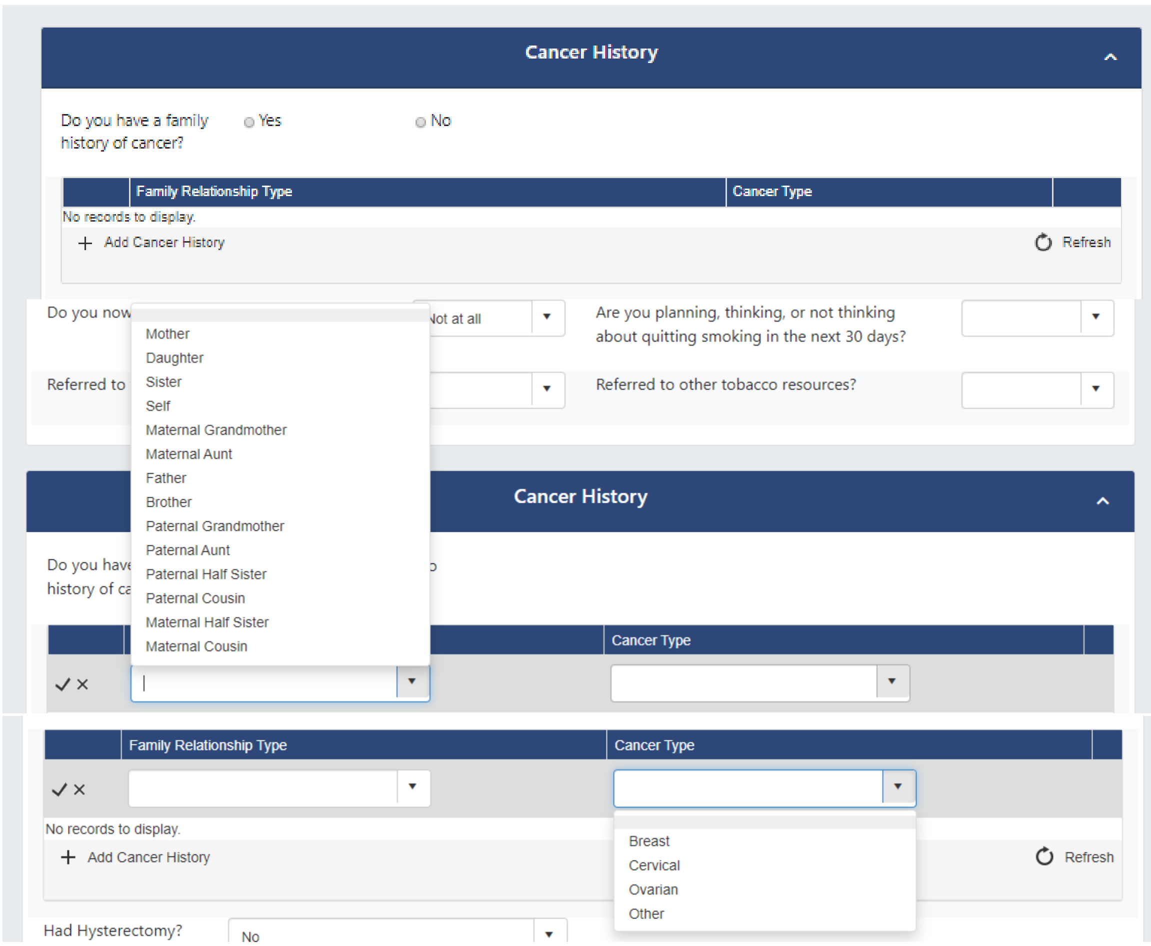
- After saving the profile information, select Demographics from the navigation tree. The Demographics screen will collect information on race/ethnicity, education level, tobacco status, and cancer history (including hysterectomies). All sections are required to be completed.



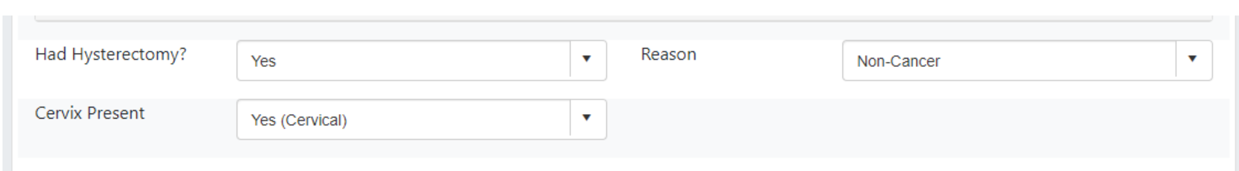


Cancer History

- If there is a family history of cancer click 'Yes', then click (+) *Add Cancer History*. Use the drop downs to select *Family Relationship Type* (mother, daughter, sister, or self) and *Cancer Type* (breast or cervical).
    - Click ✓ to "insert" family cancer history.
        - Use (+) to add as medical history dictates.



- ***<u>Hysterectomy</u>*** notation is required. If yes, please indicate if cancer or non-cancer related and if Cervix is still present.



- Once all demographic information is entered, click *Save*. Information entered is not automatically saved.

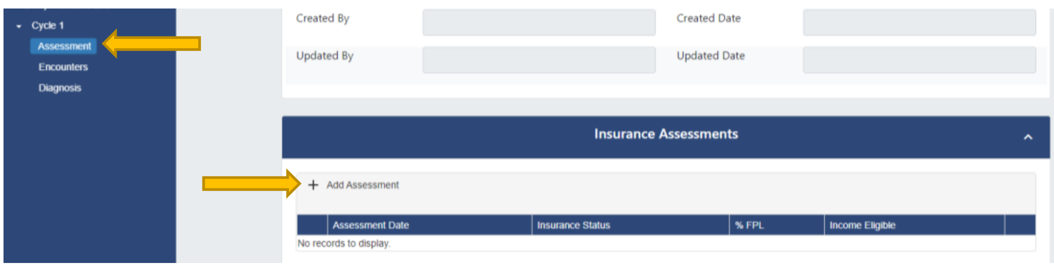
Assessment

- The Assessment screen is where information regarding income, household size, insurance status, and patient barriers will be collected. In addition, Client Participant Agreement forms will be uploaded and saved in this section.

New Client Assessment

- After saving the Demographic information, click Assessment under Cycle 1 in the navigation tree. This will need to be done for each enrollment cycle.

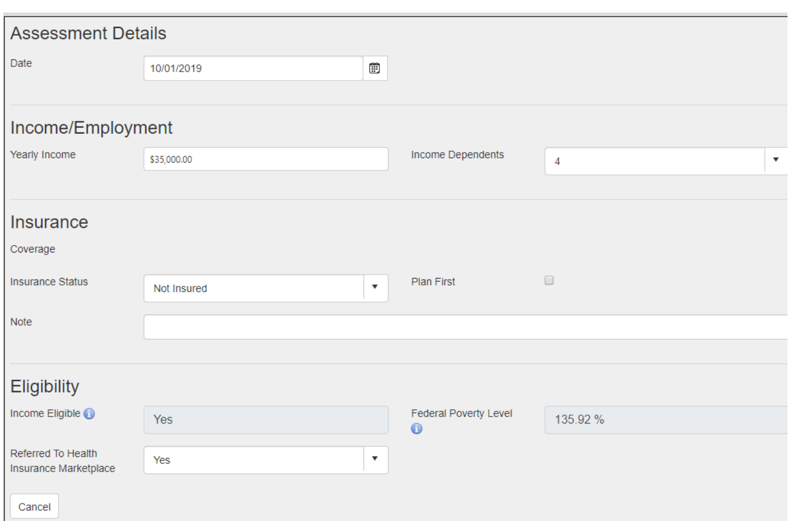
- Clicking the (+) button next to *Add Assessment* will open the Insurance Assessment section to allow for income, eligibility, and insurance information to be collected.



- *Date* should be documented as the date eligibility was assessed.

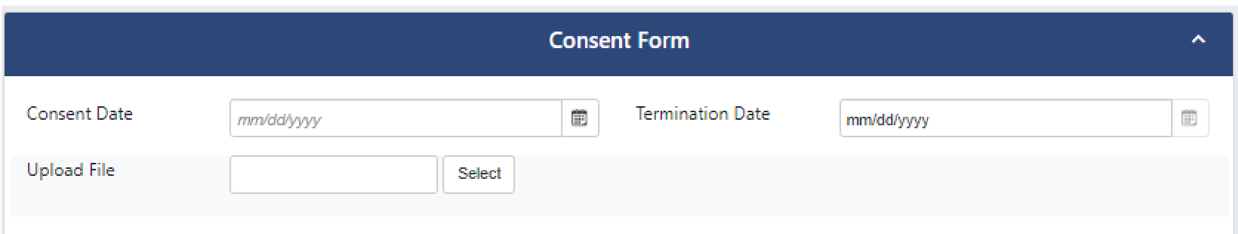
- The *Federal Poverty Level* field will automatically populate based on inputted *Yearly Income* and *Income Dependents*. Any client between 138% and 250% should be referred to the Health Insurance Marketplace.

- Once all three sections are complete, click *Save*. This will save and collapse the section.



Client Participation Agreement

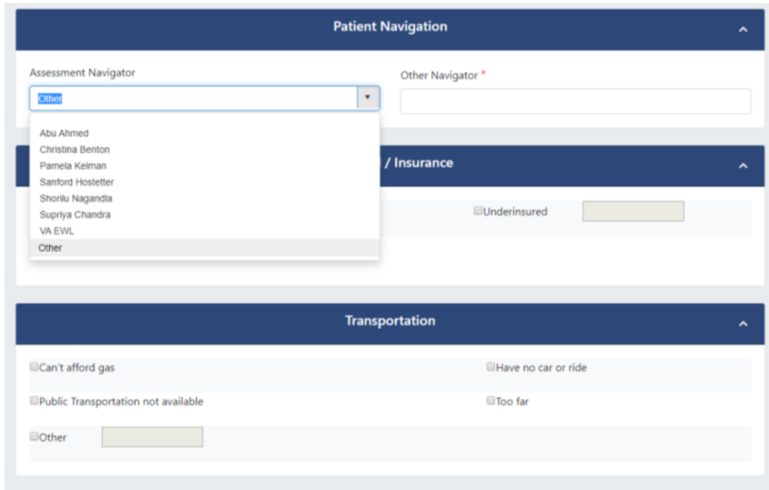
- A Client Participation agreement is required to be completed at each enrollment cycle, prior to any EWL service being performed.
- *Consent Date* is the date it was signed by the client.
- *Termination Date* is auto-populated to be 1 year from consent date.
- An *upload button* has been added for the option to upload the signed consent form for the cycle.
    - Click select and your folders will automatically open.
    - Navigate to where the consent form has been scanned in, double click on file or click open to upload the form.



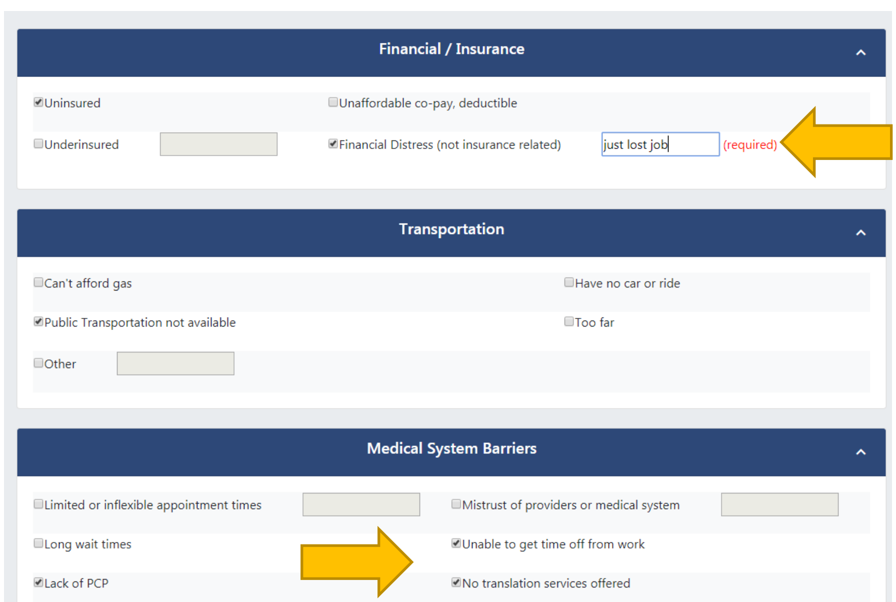
Patient Navigation / Barriers

- The Patient Navigation and Barriers sections of the Assessment screen will be used to document client needs assessment results. A needs assessment should be conducted at the time of annual enrollment and documented in the Barrier sections of the Assessment screen. A client's needs should be reassessed after an abnormal screening result and any changes updated in the Barriers sections.

- The first step when entering needs assessment results will be indicating who completed the assessment with the *Assessment Navigator* field. This will automatically populate to the credentials of whoever is entering the information, but can be changed. If the individual who completed the assessment is not listed (i.e. may have been done through a sub-contractor), please select 'other'.



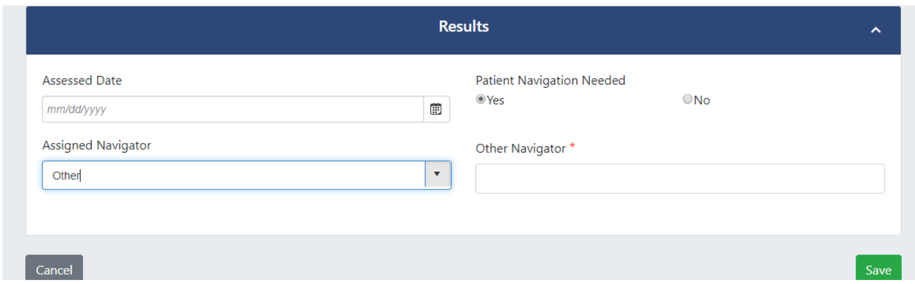
- Once the assessment navigator is identified, results of the needs assessment can be documented in the following sections: Financial/Insurance, Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other Barriers. Below is an example of three of the Barrier sections:
  - A particular barrier can be indicated by clicking the box beside the barrier. If the client only identifies being 'uninsured' as a barrier, also choose 'patient reports no barriers' under Other Barriers, this should be a rare occurrence.
  - If a barrier with a text box next to it is clicked, the user will be required to fill in the box.



- In the Results section at the bottom of the Assessment screen, the user will indicate the date the needs assessment took place, if a Patient Navigator is needed, and the *Assigned Navigator*. *Patient Navigation Needed* should be noted as 'Yes' when barriers are identified beyond 'uninsured'.

- The *Assigned Navigator* does not have to be the same person who conducted the needs assessment. In addition, the assigned navigator can be 'other', if case management/navigation is handled by multiple people or a sub-contractor.

- Once all sections of the Assessment screen are complete, click *Save* in the bottom right hand corner.



Encounters

- The Encounters section of the navigation tree is where the user will go to input information related to screening and diagnostic procedures. In addition, the enrollment date and previous mammogram/pap information will be collected here.

New Enrollment Encounter

- Under Cycle 1 on the navigation tree, select Encounter. For a new client, this will automatically take the user to the enrollment encounter screen.

- In the Encounter Details section, select the *Encounter Date*, and P*rovider*. All other fields in this section will populate automatically. The *Encounter Date* for enrollment must be the same as or after the date the consent form was signed.

- In the Patient Navigation section, 'yes' is the default in the drop down menu for *Patient Navigation Paid by Program*.

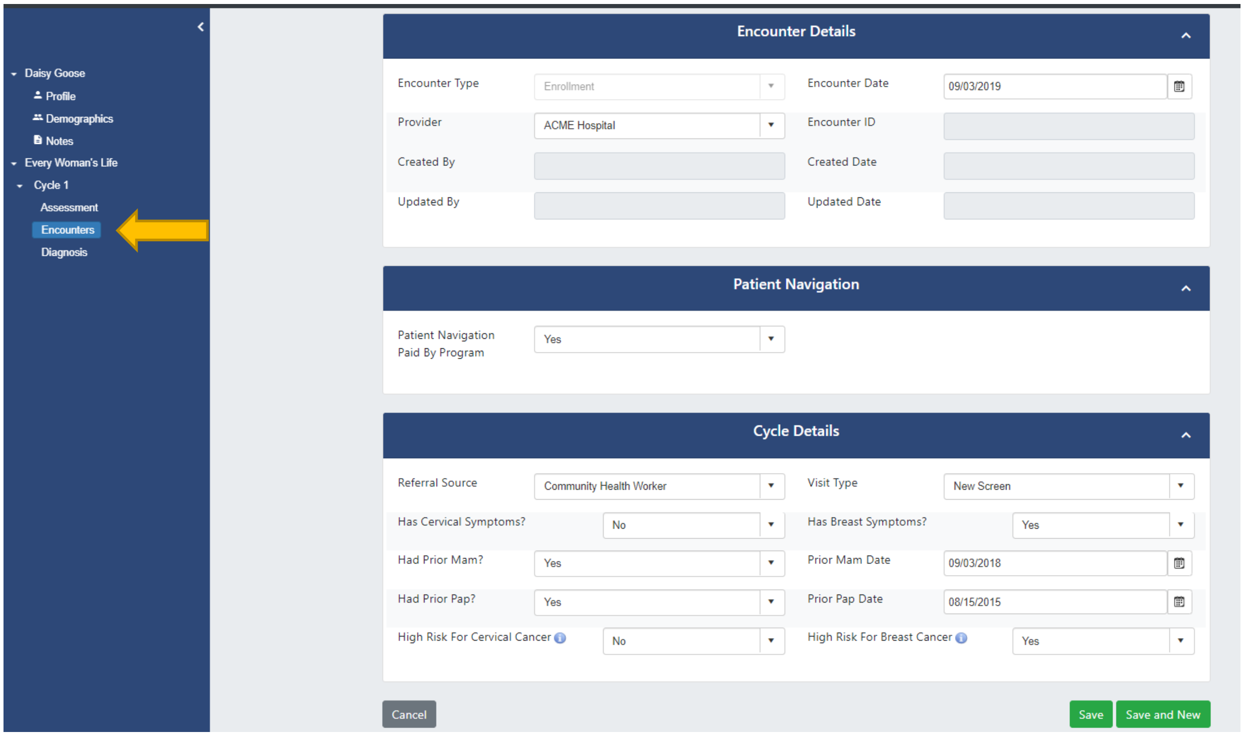
- In the Cycle Details section all fields are required and should be completed.

    - For a new client, *Visit Type* will be 'New Screen'.

    - For a BCCPTA ONLY client enrollment (ie. only helping to get into Medicaid, not paying for any services) 'BCCPTA ONLY' will be the *Visit Type*.

    - If BCCPTA ONLY is selected all rules will be disabled and the barriers section of the assessment screen does not need to be completed. See the BCCPTA Only section on page 55 for additional guidance on handling BCCPTA only clients.

- Information is not automatically saved. The user must click *Save* before leaving the screen. For convenience, click *Save and New* to add additional encounters (i.e. CBE, pap, etc).

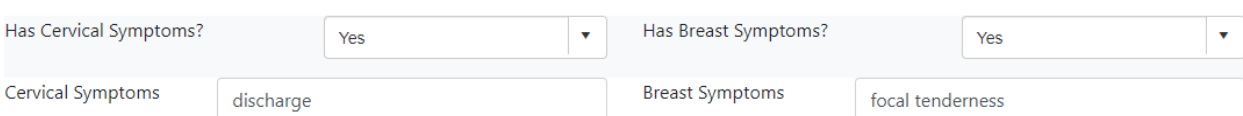


Key Points for Cycle Details

- *Referral Source* is how the client heard about or was referred to EWL services.
    - *Self* should be selected when the client self refers to EWL.
    - *Provider* should be selected when another provider refers the client (ie: PCP, Non-program providers).
    - *Outreach* should be selected when an outreach worker refers a client in.
    - *BCCP Reminder* should be selected when a client is a rescreen and they have received a reminder to re-enroll.

- *Community Health Worker* should be selected when the client has been specifically referred by a CHW.
- *Radio / TV / Newspaper* should be selected when the client identifies an advertisement as method of referral.
- *Brochure* should be selected when the client identifies receipt of brochure as method of referral.
- *Family / Friend* should be selected when the client identifies family or friend as method of referral.
- *Health Fair* should be selected when the client identifies receiving information at a health fair about EWL.
- *Internet / Web* should be selected when the client identifies receiving information about EWL online.
- *Work site* should be selected when the client identifies receiving information about EWL from their employer.
- *Bus Ad* should be selected when the client identifies this specific advertisement as method of referral.

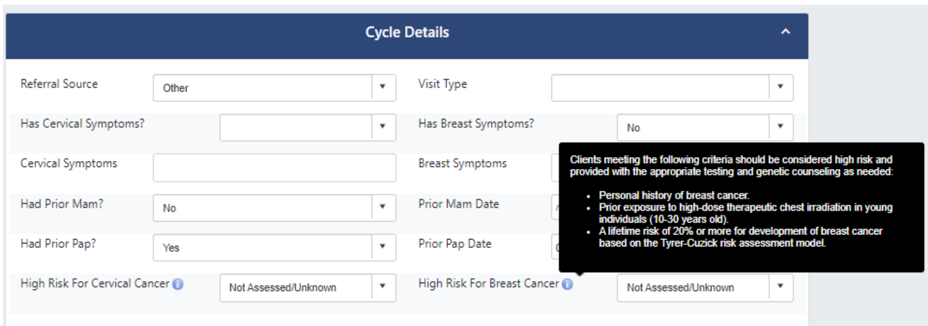
- Breast / Cervical Symptoms:
  - If 'Yes' is selected for symptoms these fields become required to identify specific symptoms (i.e.: pain, lump, discharge)

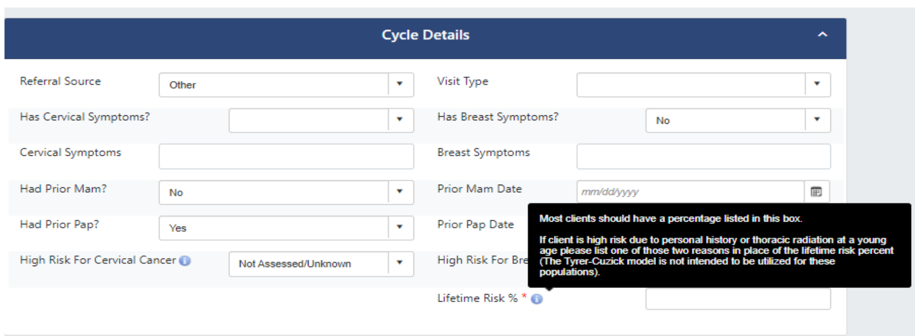


- What to do if the client **Has** *Prior Mam/Pap Date* to record:
  - If the client is able to provide a month **and** year, select 'yes' for *Had Prior Pap* (or prior mam). If they are not able to provide a month and can only give a year, select 'unknown' for *Had Prior Pap* (or prior mam).

- What to do if the client **Does Not Have** a *Prior Mam/Pap Date* to record:
  - If the client cannot disclose how long it has been, document as 'No' and leave *Prior Pap Date* (or prior mam) blank.

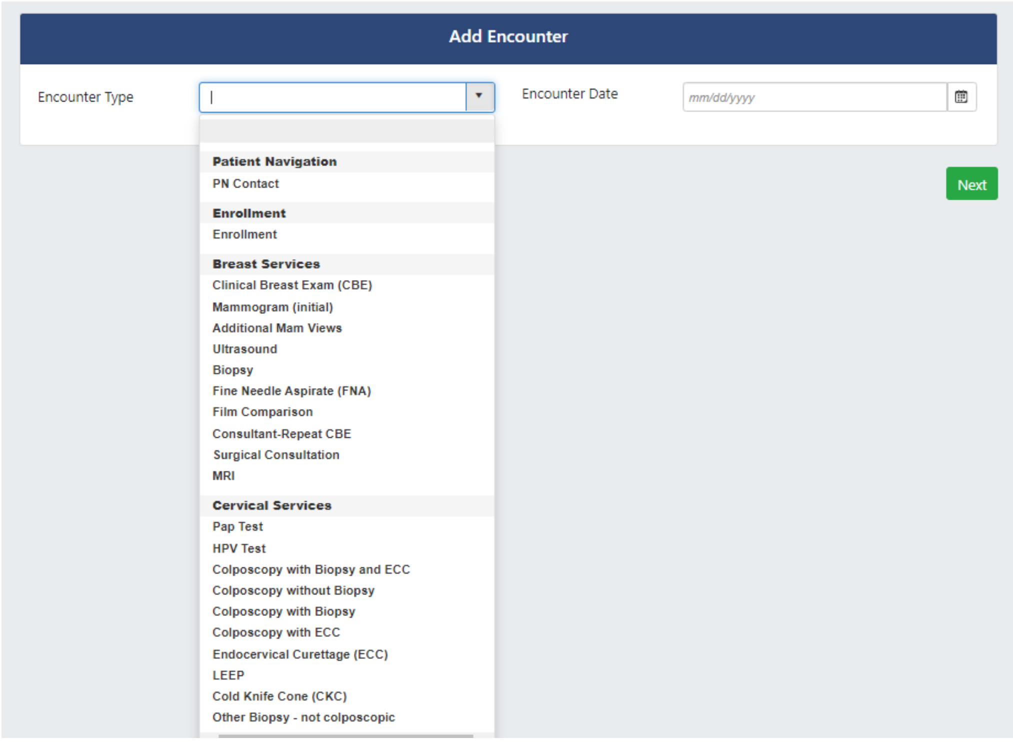
- *Breast and Cervical High Risk* - definitions for breast and cervical high risk are visible in a pop up when the user moves their mouse over the "i". An example screen shot for cervical high risk can be found below:
    - If High Risk for Breast is 'Yes', a box will appear for Lifetime Risk percent. Include the percentage # from the Tyrer-Cuzick, if the client is a previous breast cancer survivor indicate personal history in this field.





- Once all sections of the Enrollment Encounter Screen are completed, click *Save*. As a reminder, the information entered will not save automatically. Clicking *Save and New* will take the user automatically to the screen to add new encounters (i.e. CBEs, etc).

- At the Add Encounter screen the user can choose which procedure to enter information for next. Detailed examples of some encounters (CBE, Mammogram, Pap, Breast Biopsy, MRI, Colposcopy, etc) can be found in the **Returning EWL Clients** section of the training manual starting on page 29.



PN Contact Encounter

- The PN Contact option in Encounters will be used to document each contact made with the client, including when a care plan was established. Encounters with the client performed by a subcontractor should also be recorded under PN Contact. Medical records shared with the EWL provider can be used to complete this requirement.

- Below is a walk-through of how to navigate the PN Contact Encounter option. The functions of this encounter type are the same whether the client is new or a current client.

- Under Encounter Details select the *Encounter Date* and P*rovider*. *Encounter Date* is the date the encounter actually took place. All other fields in this section will automatically populate.

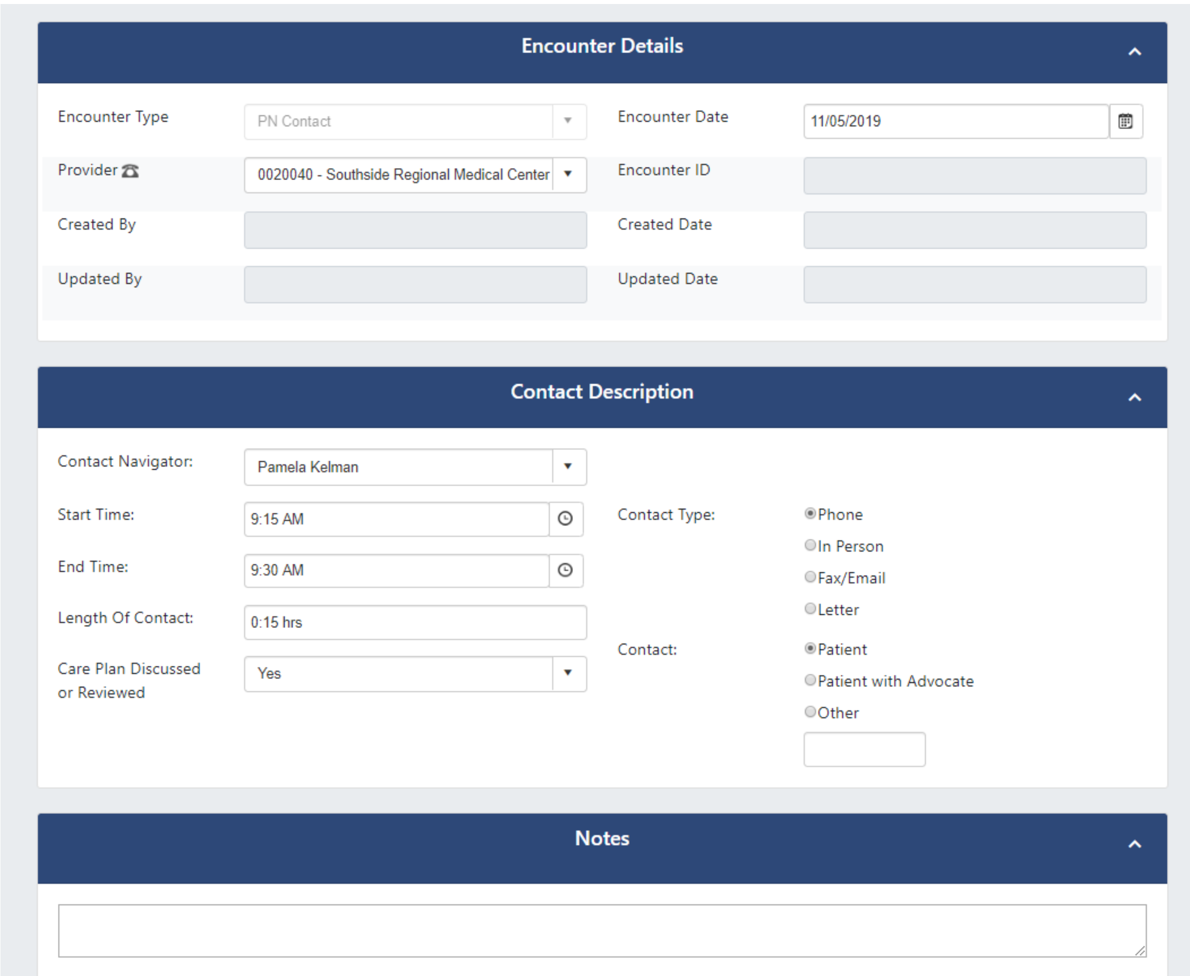
- All fields under Contact Description should be completed.

- 'Other' can be selected for *Contact Navigator* if contact was completed by a subcontractor. If this option is chosen *Other Navigator* field will appear and is required to be completed.
    - For *Start Time*/*End Time* choose the times that best reflect the communication that took place. If the time is not available because it was done by a subcontractor, they can be left blank.

- *Length of Contact* will automatically populate based on the information inputted for Start/End Time.

- Indicate 'Yes' for *Care Plan Established/Reviewed* if a care plan was established or reviewed/updated during the recorded contact. A care plan is expected if barriers were identified during a needs assessment. This field is required.

- Notes section can be used to record any additional information about the contact that is not able to be collected elsewhere in the PN Contact screen.

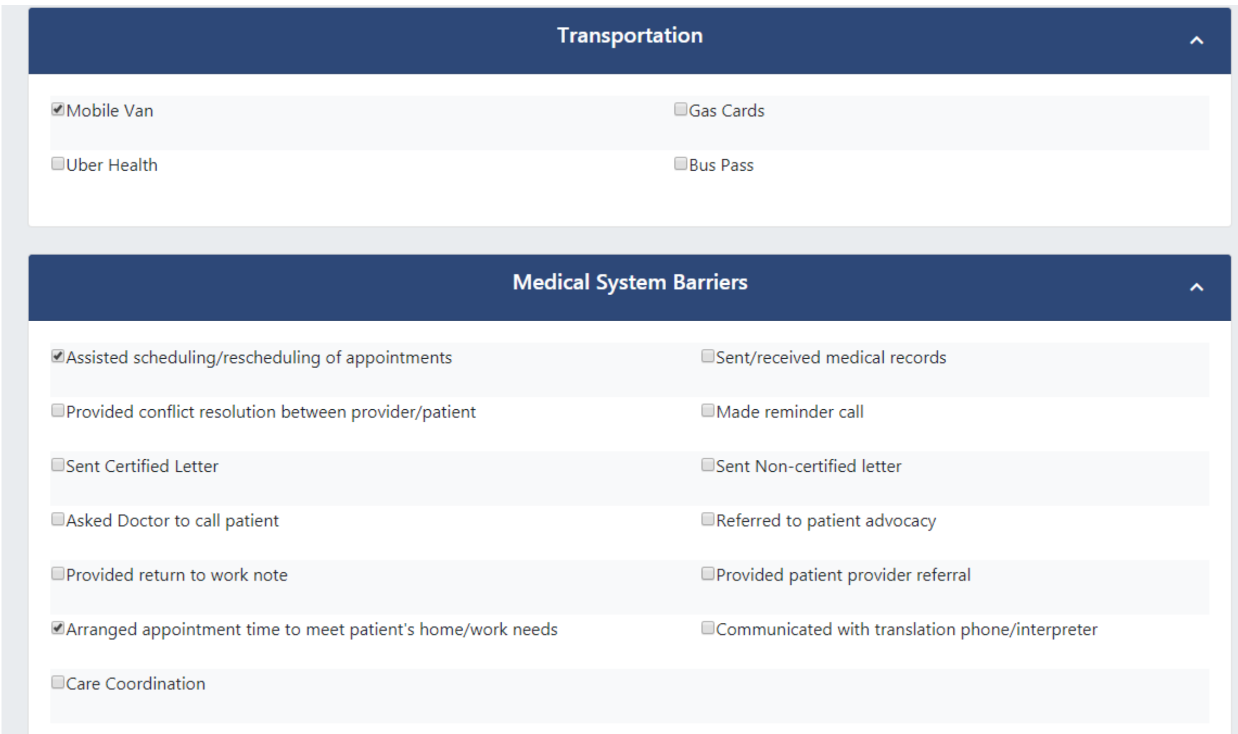


- The remaining sections of the PN Encounter screen allow the user to indicate what was addressed during the encounter. These sections include Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other.

- If a PN Encounter is indicated as having included *Care Plan Discussed or Review*, it is expected that all barriers previously identified in the needs assessment are addressed and documented in the PN Encounter. For example, if in the Assessment section for this cycle it is recorded that transportation is a barrier because public transportation is not available, then in the PN Encounter the expectation is that something will be recorded under the Transportation section to address said barrier (for example, mobile van).

- If client is already established with a Care Plan and there are no updates, check the box for *No Changes to Already Established Care Plan* in the Other Barriers Addressed section.

- Below is a screen shot of the Transportation and Medical System Barriers section completed:



- Once all sections of the PN Encounter Screen are completed, click *Save*. Clicking *Save and New* will take the user automatically to the screen to add new encounters (i.e. CBEs, etc). As a reminder, the information entered will not save automatically.

Diagnosis and Treatment

- The Diagnosis and Treatment section of the navigation tree will be used to record final diagnosis and treatment information for both breast and cervical services.

- All fields in the Diagnosis Details section will automatically populate once the screen is saved.

- The Final Imaging section is used to record the result and date of the last imaging procedure the client received (i.e. follow up mammogram, ultrasound, MRI).

- The Breast Diagnosis and Cervical Diagnosis sections are used to record work-up status, final diagnosis, diagnosis date, stage at diagnosis, and tumor size (for breast only).

    - *Status*: Field used to record work-up status.

        - ‘Work-up complete’: This should be selected if no additional diagnostics are required or short term follow up is indicated.

        - ‘Work-up Pending’: This should ONLY be selected during closeout.

        - ‘Lost to Follow-up’: For a status of ‘Lost to Follow-Up’, enter the date after three different attempts to contact the client have been made.

        - ‘Work-up Refused’: This should be selected if the client refused work up.

        - ‘Irreconcilable’: This should be selected in cases where the clinical work-up could not be completed because the client passed away.

    - *Diagnosis Date:* This should be the date the treating clinician receives the results of the final procedure performed or the date the determination was made by the treating clinician. For 'lost to follow-up' or 'refused', the last date of attempted contact or the date in which the work up was refused should be used.

- The Breast and Cervical Treatment sections are used to record information about treatment status and start date.

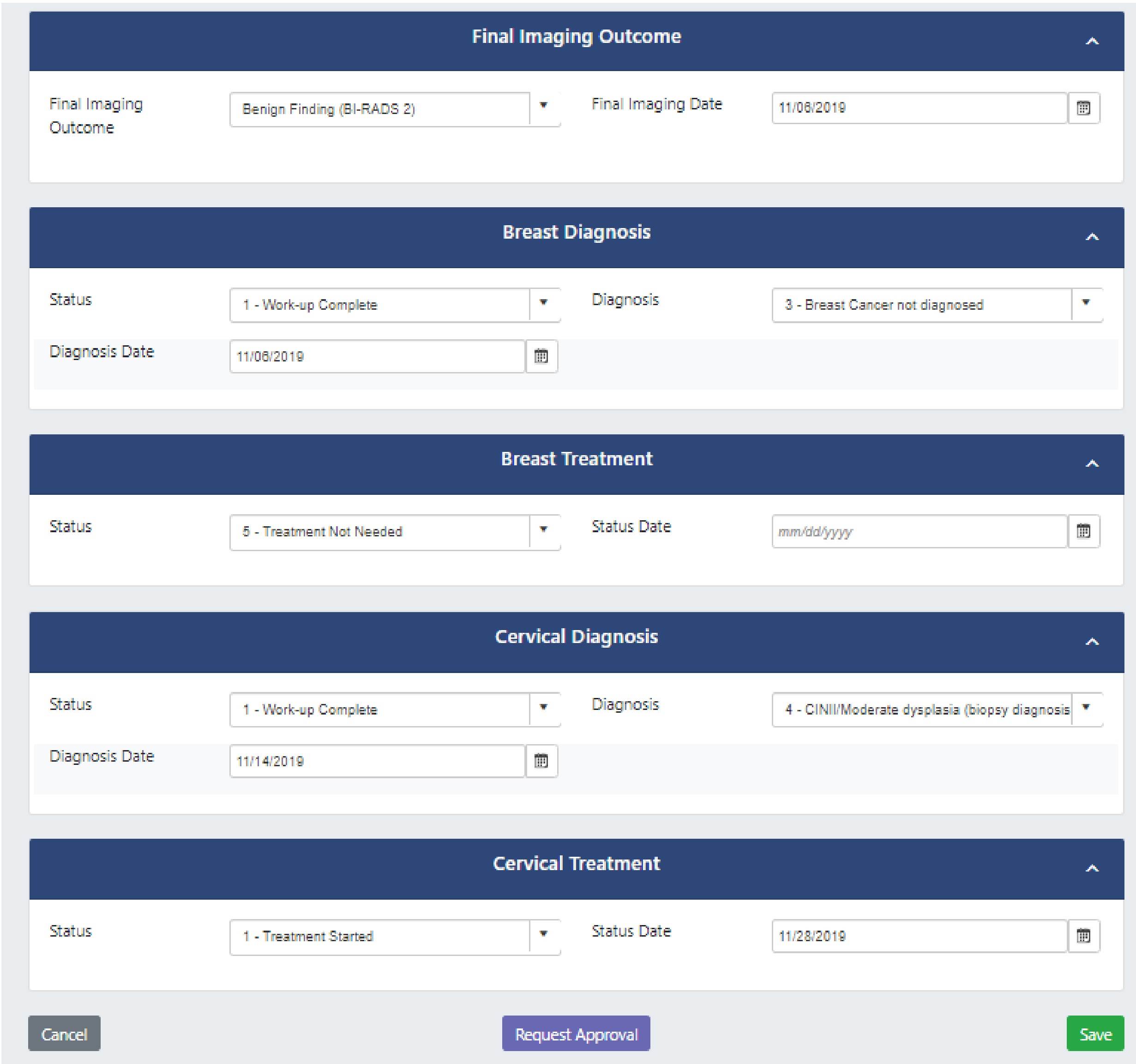
    - *Status Date:* Report the date treatment was started (i.e. chemo, radiation, excision, etc).

    - For a status of ‘Lost to Follow-Up’, enter the date after three different attempts to contact the client have been made.

    - For a status of ‘Treatment Refused’, enter the date of the refusal.

    - If treatment is ‘Not Needed”, enter the date that both the clinician and the patient jointly agree not to pursue treatment (e.g. end stage cancers).

- Once all sections of the Diagnosis and Treatment screen are complete, click *Save* in the bottom right hand corner.



Final Imaging Outcome

Final Imaging Outcome	Benign Finding (BI-RADS 2)	Final Imaging Date	11/06/2019

Breast Diagnosis

Status	1 - Work-up Complete	Diagnosis	3 - Breast Cancer not diagnosed
Diagnosis Date	11/06/2019		

Breast Treatment

Status	5 - Treatment Not Needed	Status Date	mm/dd/yyyy

Cervical Diagnosis

Status	1 - Work-up Complete	Diagnosis	4 - CINII/Moderate dysplasia (biopsy diagnosis
Diagnosis Date	11/14/2019		

Cervical Treatment

Status	1 - Treatment Started	Status Date	11/28/2019

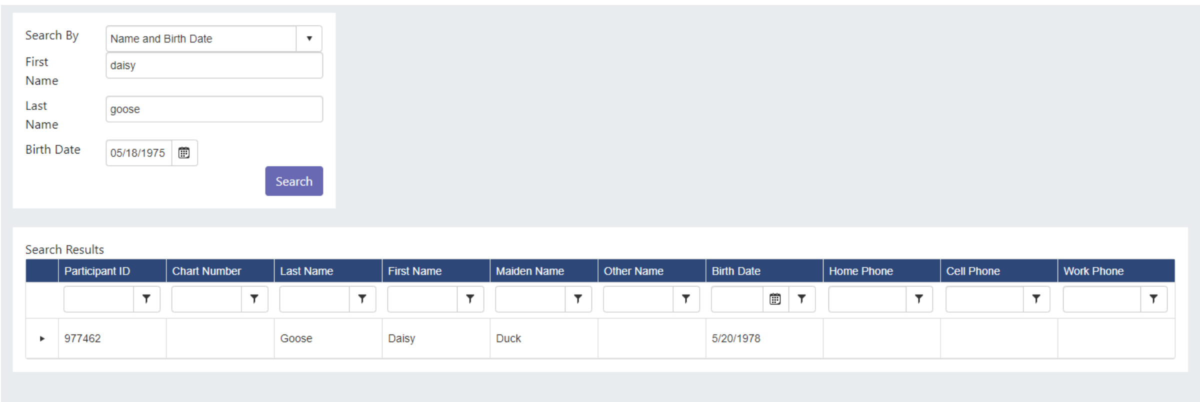
Cancel Request Approval Save

Returning EWL Clients

Participant Search-Returning Clients

- When searching for a returning client, if there is an existing profile for a client, select the profile and confirm address, phone number, DOB, and SSN.

- If client's last name is not found, double check the maiden name field to ensure client is not a returning EWL client.



Profile Screen

- The Profile screen will automatically pop up once the client's name has been selected. Verify that all information on the profile is up-to-date including: name, address and phone number.

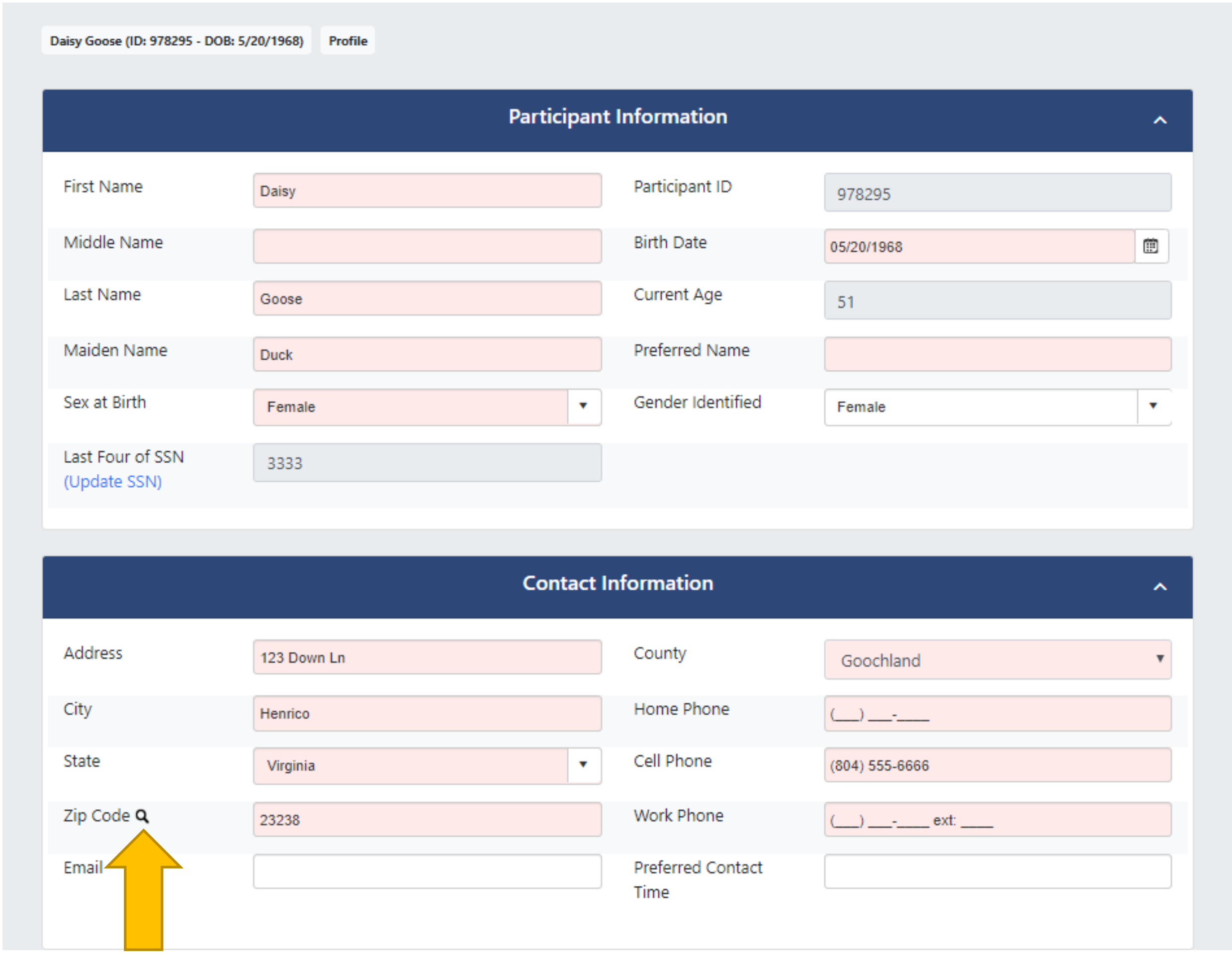
- If the name is misspelled, **Do Not** make changes to name, contact the EWL Data Manager.

- Addresses and phone numbers of clients can be updated if they have changed.

- If the participant has a preferred name, enter in the *Preferred Name* field and **use their legal name** for *First Name* and *Last Name*.

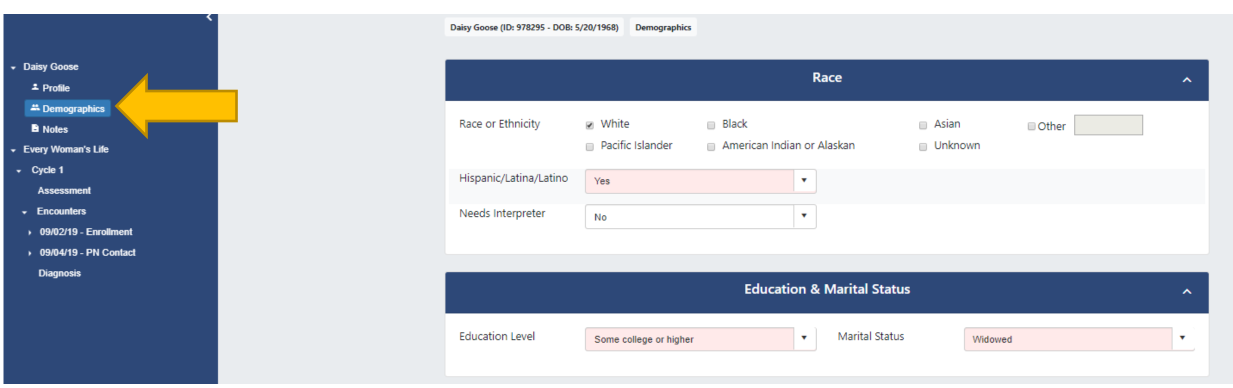
- Magnifying Glass: Once the zip code field is entered, clicking the magnifying glass auto populates the County.

- Information is not automatically saved. *Save* must be clicked before leaving every screen.



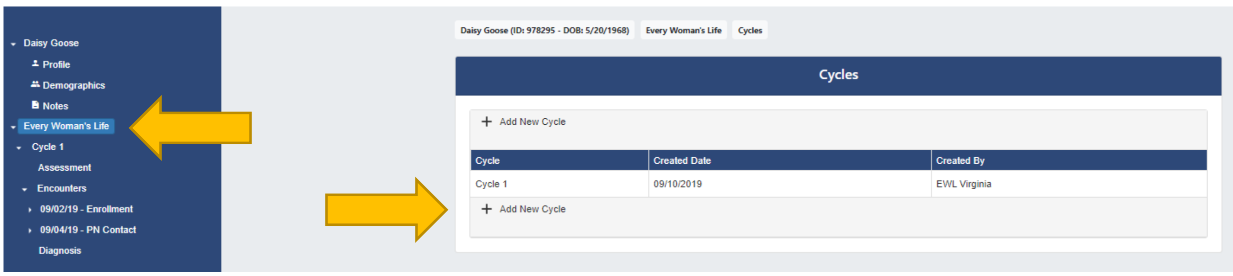
Demographics

- Select Demographics from the navigation tree.
- Complete any missing or unknown demographic information.



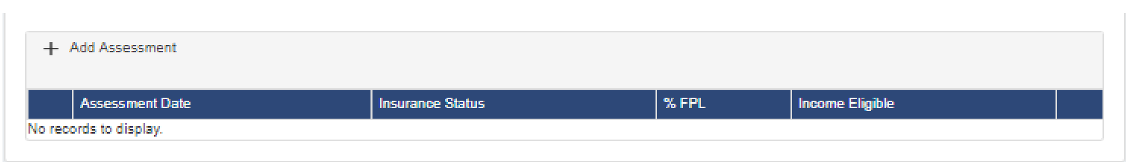
Adding a New Cycle

- Select *Every Woman's Life* in the navigation tree. Every short-term follow up or annual re-enrollment starts a new cycle.
- Click the plus (+) symbol next to *Add New Cycle* to start a new cycle.
- A new cycle will be added to the table with the user's name (created by) and today's date. In addition, the cycle will be added to the navigation tree.



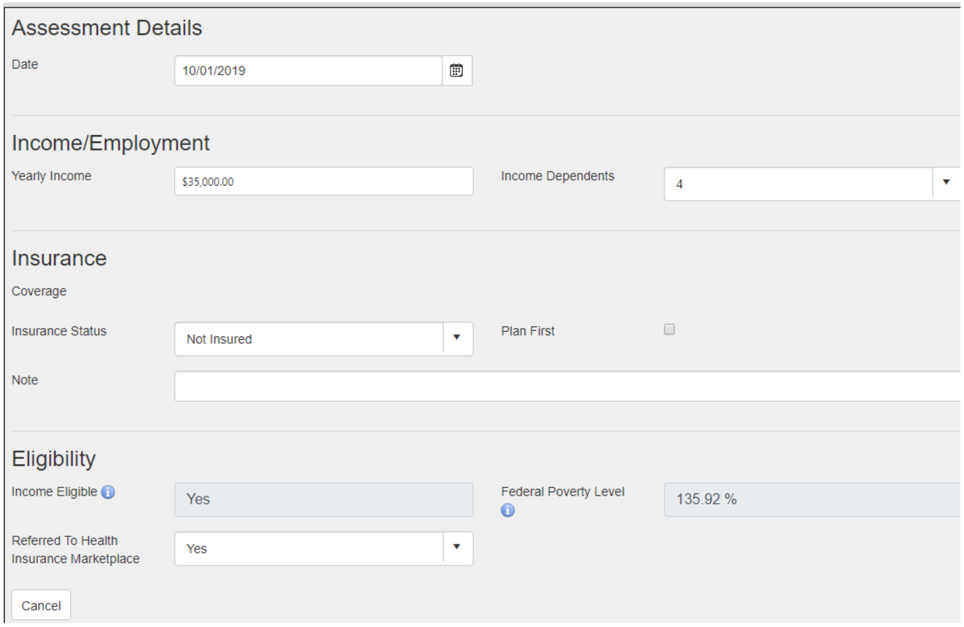
Assessment

- Expand the newly created cycle by clicking on the > next to the Cycle heading and click on Assessment.
  - A new assessment is due with each enrollment cycle. Users will be locked out of existing forms and unable to edit.
- Clicking the (+) button next to *Add Assessment* will open the insurance assessment form to allow for income, eligibility, and insurance information to be collected.



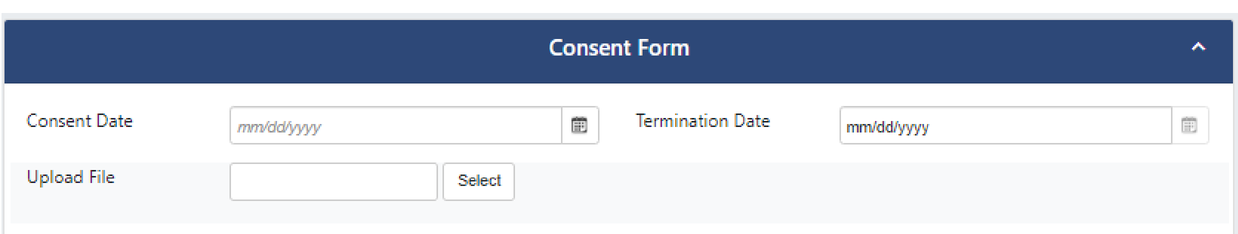
- *Date* should be documented as the date eligibility was assessed.
- The *Federal Poverty Level* field will automatically populate based on inputted Y*early Income and Income Dependents*.
- Anyone between 138% and 250% should be referred to the Health Insurance Marketplace.

- Once *Yearly Income, Income Dependents*, and *Insurance Status* are complete, click *Save*. This will save the information and collapse the Insurance Assessment section.



Client Participation Agreement

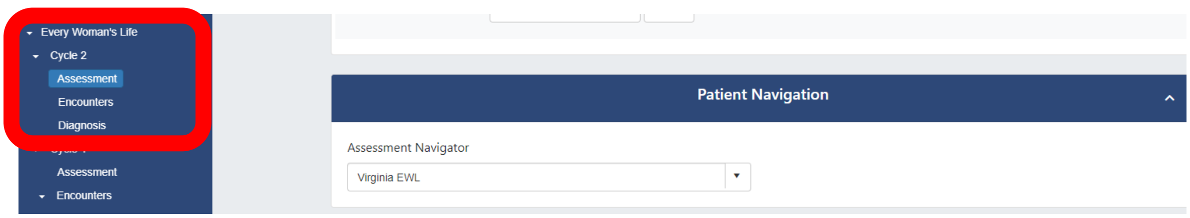
- A Client Participation Agreement is required to be completed at each enrollment cycle, prior to any EWL service being performed.
- *Consent Date* is the date it was signed by client.
- *Termination Date* is auto-populated to be 1 year from consent date.
- An *upload button* has been added for the option to upload the signed consent form for the cycle.
    - Click select and your folders will automatically open.
    - Navigate to where the consent form has been scanned in, double click on file or click open to upload the form.



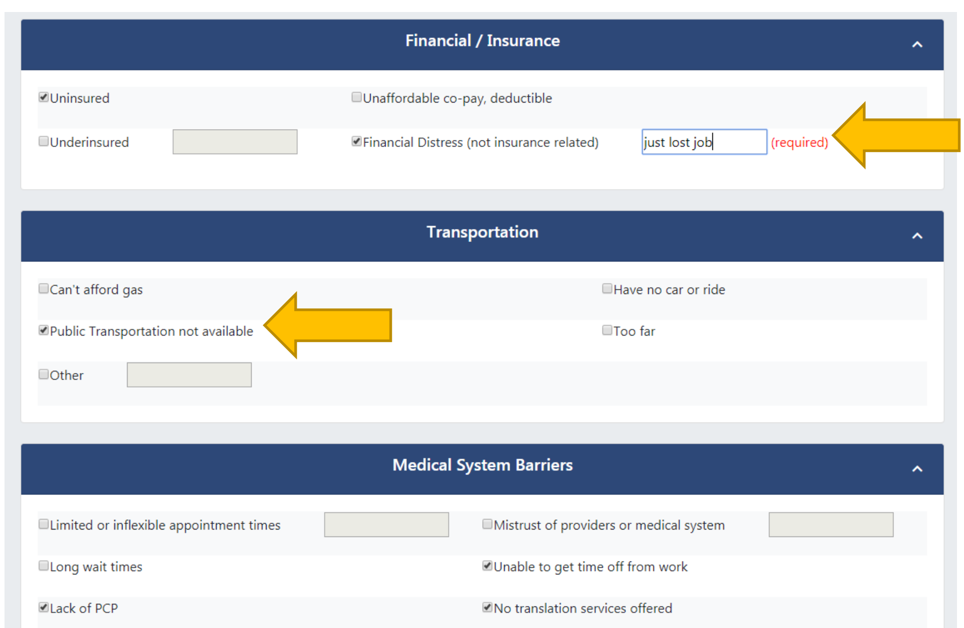
Patient Navigation / Barriers

- The Patient Navigation and Barriers sections of the Assessment screen will be used to document client needs assessment results. A needs assessment should be conducted at the time of annual enrollment and documented in the Barrier sections of the Assessment screen. A client's needs should be reassessed after an abnormal screening result and any changes updated in the Barriers sections.

- The first step when entering needs assessment results will be indicating who completed the assessment with the *Assessment Navigator* field. This will automatically populate to the credentials of whoever is entering the information, but can be changed. If the individual who completed the assessment is not listed (i.e. may have been done through a subcontractor), please select 'other'.



- Once the A*ssessment Navigator* is identified, results of the needs assessment can be documented in the following sections: Financial/Insurance, Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other Barriers. Below is an example of three of the Barrier sections:



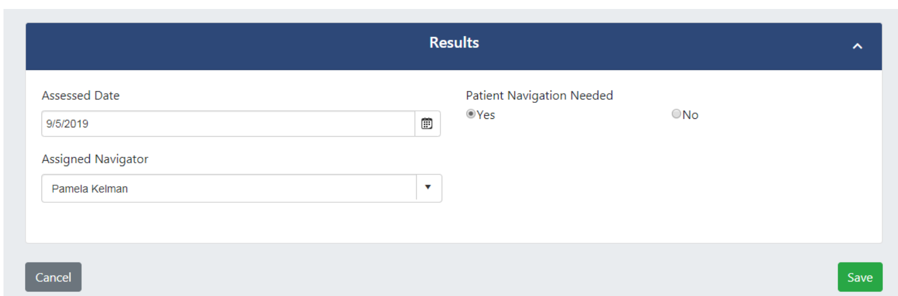
- A particular barrier can be indicated by clicking the box beside the barrier. If the client only identifies being ‘uninsured’ as a barrier, choose ‘patient reports no barriers’ under Other Barriers, this should be a rare occurrence.

- If a barrier with a text box next to it is clicked, the user will be required to fill in the box.

- In the Results section at the bottom of the Assessment screen, the user will indicate the date the needs assessment took place, if a Patient Navigator is needed, and the *Assigned Navigator*. *Patient Navigation Needed* should be noted as ‘Yes’ when barriers are identified beyond ‘uninsured’.

- The *Assigned Navigator* does not have to be the same person who conducted the needs assessment. In addition, the assigned navigator can be ‘other’, if case management/navigation is handled by multiple people or a subcontractor.

- Once all information is entered, click *Save* in the bottom right hand of the screen. Entered information is not automatically saved.



Encounters

- The Encounters section of the navigation tree is where the user will go to input information related to screening and diagnostic procedures. In addition, the enrollment date and previous mammogram/pap information will be collected here.

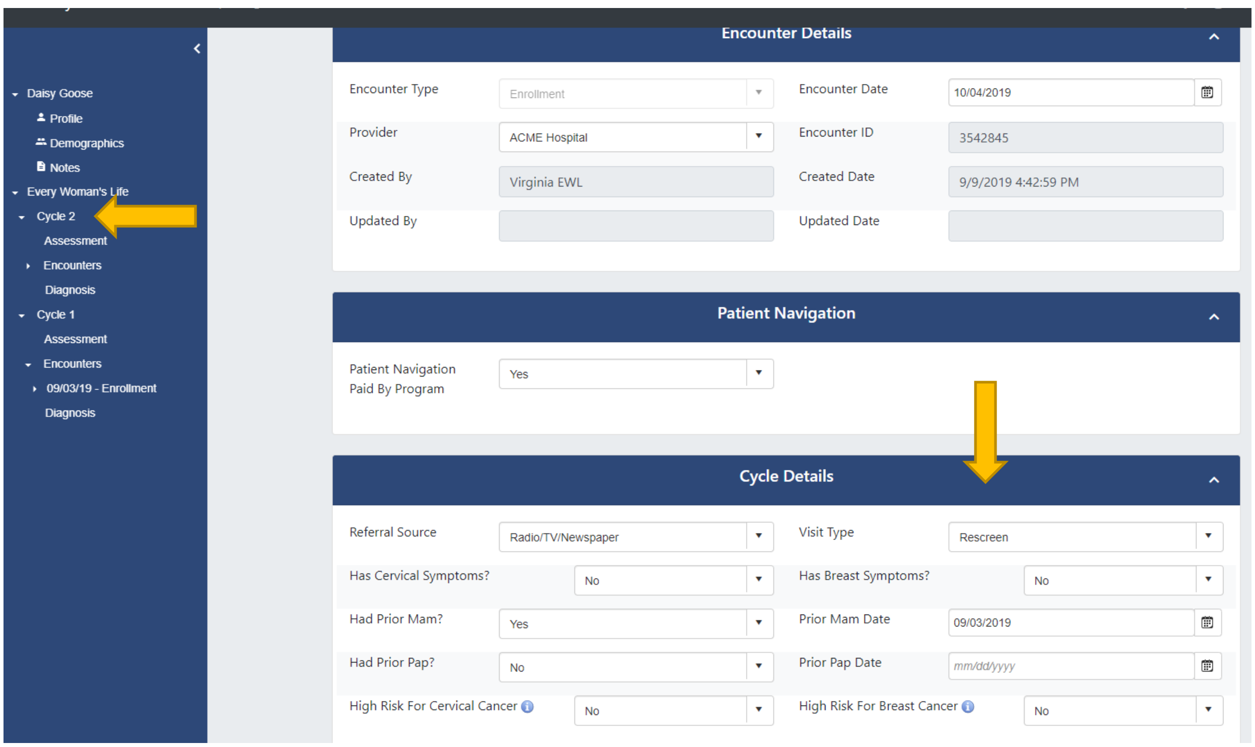
New Enrollment Encounter

- To add a new encounter, click Encounter in the navigation tree.

- In the Encounter Details section, select the *Encounter Date* and *Provider*. All other fields in this section will populate automatically. The *Encounter Date* for enrollment must be the same as or after the date the consent form was signed.

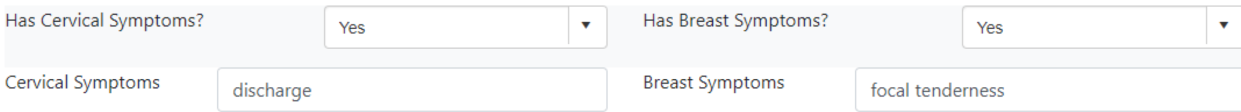
- In the Patient Navigation section, ‘yes’ is the default in the drop down menu for *Patient Navigation Paid by Program*.

- In the Cycle Details section, all fields are required and should be completed.
  - For a returning client, *Visit Type* will be 'Rescreen'.
  - For a BCCPTA ONLY client enrollment (ie. only helping to get into Medicaid, not paying for any services) 'BCCPTA ONLY' will be the *Visit Type*.
    - If BCCPTA ONLY is selected, all rules will be disabled and the barriers section of the assessment screen does not need to be completed. See the BCCPTA Only section on page 55 for additional guidance on handling BCCPTA only clients.
- Information is not automatically saved. The user must click *Save* before leaving the screen.
- For convenience, click *Save and New* to add additional encounters (i.e. CBE, pap, etc).

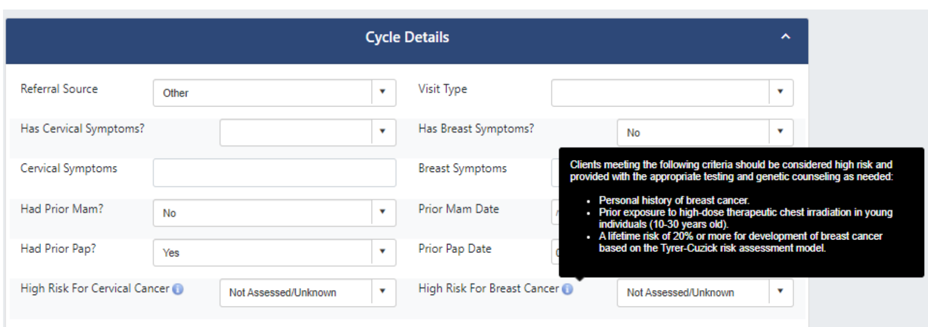


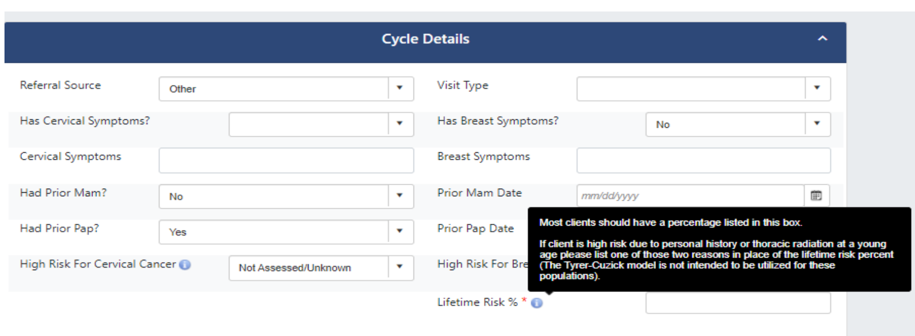
Key Points for Cycle Details

- Breast / Cervical Symptoms:
  - If 'Yes' is selected for symptoms these fields become required to identify specific symptoms (i.e.: pain, lump, discharge)



- What to do if the client **Has** *Prior Mam/Pap Date* to record:
    - If the client is able to provide a month **and** year, select 'yes' for *Had Prior Pap* (or prior mam). If they are not able to provide a month and can only give a year, select 'unknown' for *Had Prior Pap* (or prior mam).
- What to do if the client **Does Not Have** a *Prior Mam/Pap Date* to record:
    - If the client cannot disclose how long it has been, document as 'No' and leave *Prior Pap Date* (or prior mam) blank.
- *Breast and Cervical High Risk* - definitions for breast and cervical high risk are visible in a pop up when the user moves their mouse over the "i". An example screen shot for cervical high risk can be found below:
    - If High Risk for Breast is 'Yes', a box will appear for Lifetime Risk percent. Include the percentage # from the Tyrer-Cuzick, if the client is a previous breast cancer survivor indicate personal history in this field.





PN Contact Encounter

- The PN Contact option in Encounters will be used to document each contact made with the client, including when a care plan was established. Encounters with the client performed by a subcontractor should also be recorded under PN Contact. Medical records shared with the EWL provider can be used to complete this requirement.

- Please refer to the **Adding a New Client** section (see page 11), of the User Manual for a step-by-step guide to completing this encounter.

CBE Encounter

- To add a CBE, select 'CBE' in the *Encounter Type* drop down, complete the *Encounter Date*, and select *Next*. This will bring up the CBE screen.

- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.

    - If *Provider* is a non-program funded provider, select "Non-program Provider".

- Under Procedure Details *Paid by Program* should be completed.

- Under CBE Details, using the drop down menus for *Results* select the applicable result option.

- The *Notes* field is optional for additional information pertinent to the CBE specifically.

- When you click *Save* the Procedure Codes section will appear.

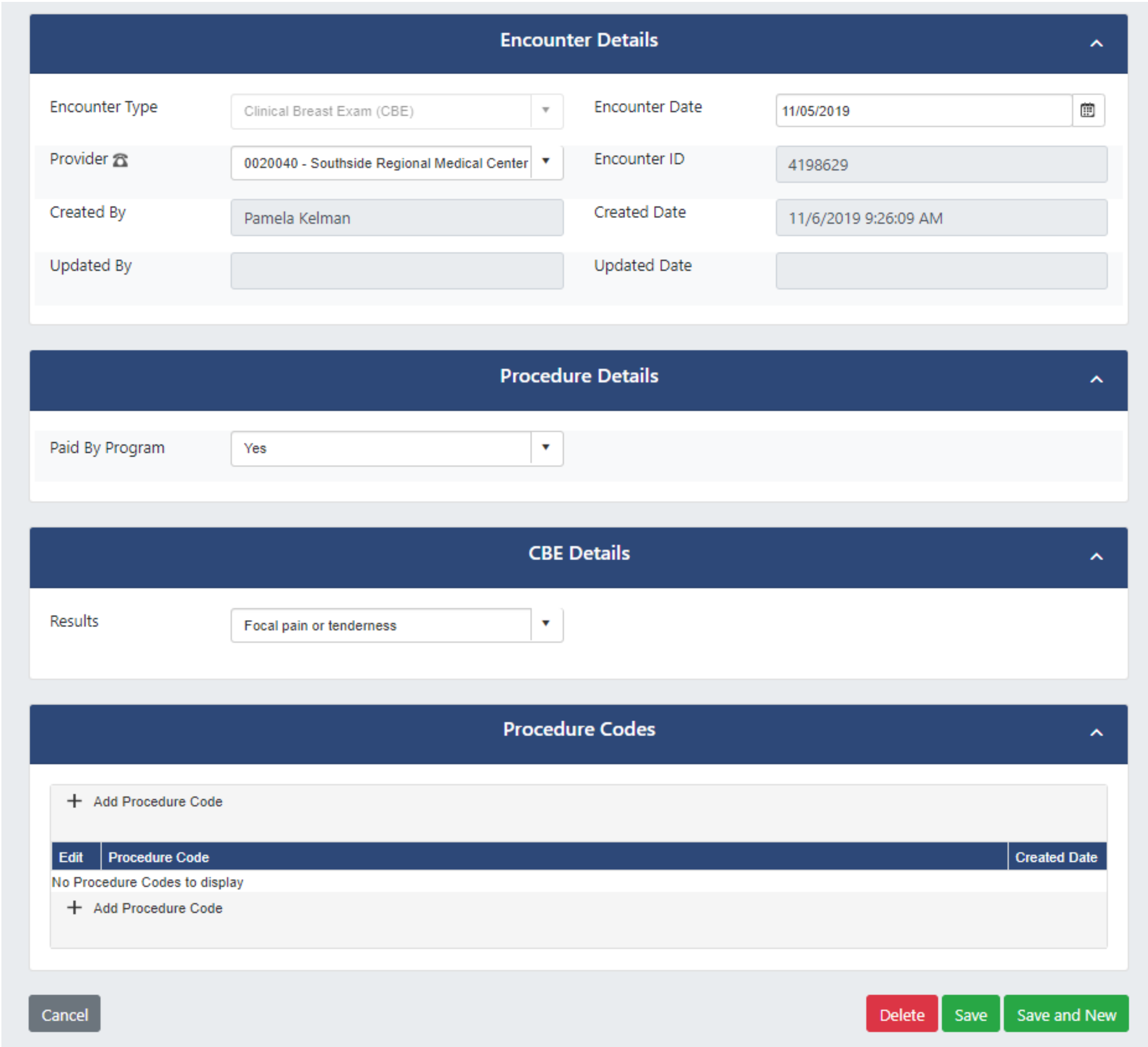
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.

    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.

    - Select the applicable CPT code, then click the check mark to add the CPT Code.

- Click *Save* once all information is entered. Information is not automatically saved. For convenience, click *Save and New* to add additional encounters (i.e. mammogram, etc.).

- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.



First Mammogram Encounter

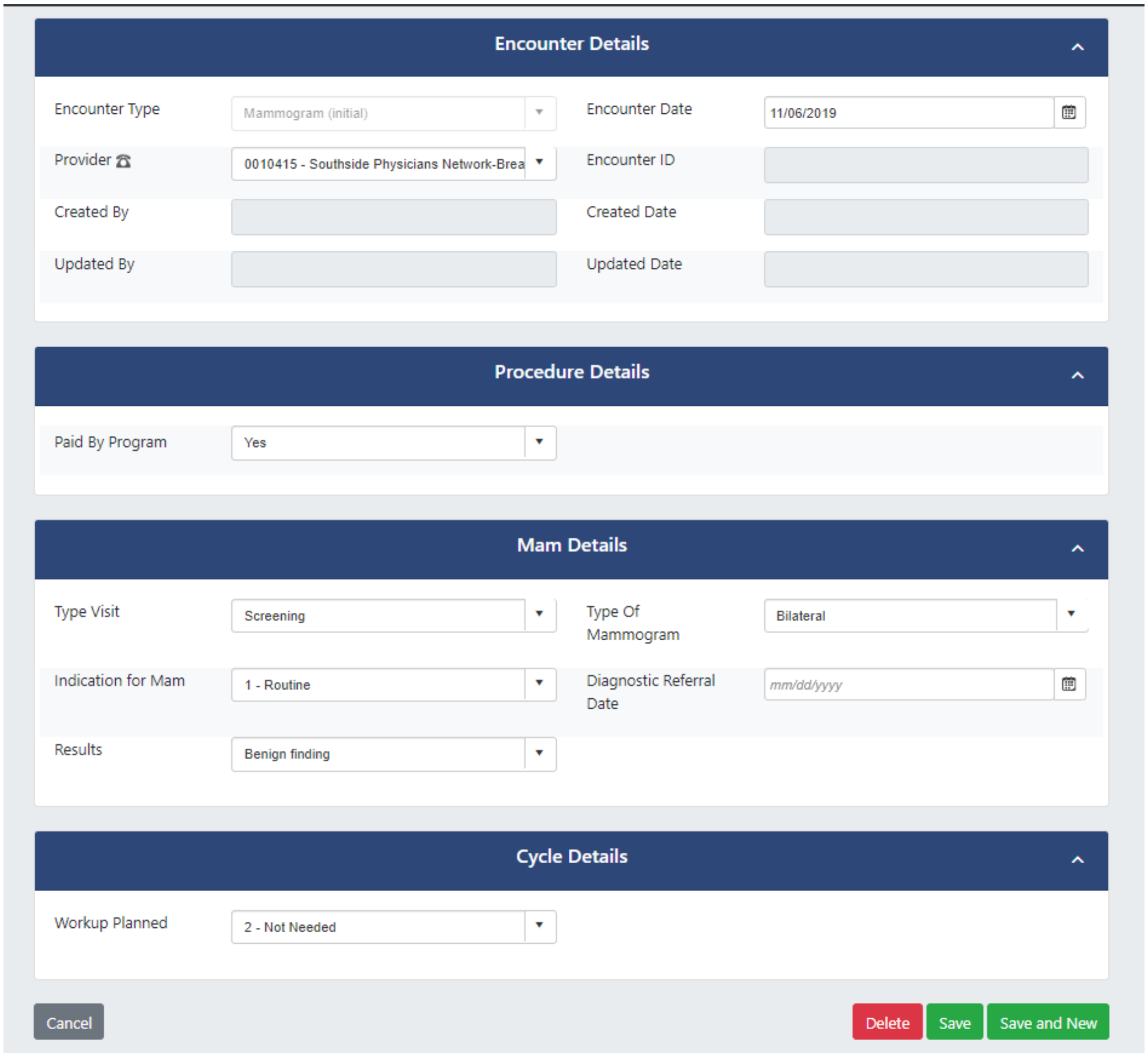
- To add a Mammogram, select 'Mammogram (initial for cycle)' in the *Encounter Type* drop down, complete the *Encounter Date*, and select *Next*. This will bring up the Mammogram screen.

- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.

    - If *Provider* is a non-program funded provider, select "Non-program Provider".

- Under Procedure Details *Paid by Program* should be completed.

- Under Mam Details all fields should be completed.
    - *Type of Visit*: Indicate if the mam is for routine screening or a diagnostic.
    - *Type of Mammogram*: Indicate if mam is unilateral or bilateral
    - *Indication for Mam*:
        - If the mammogram was part of a routine screening, select ‘Routine screening mammogram’.
        - If the mammogram was done to evaluate a symptom, select ‘Initial mammogram performed to evaluate symptoms, positive CBE result or previous abnormal result’.
        - If the mammogram was done outside of the EWL program and the client is being referred in for diagnostics (data only) select, ‘Initial mammogram done outside of the Program and referred into the program for diagnostic evaluation’.
    - *Diagnostic Referral Date*: Date patient was referred to EWL for diagnostic for abnormal CBE or screening mammogram.
    - *Results*: Select the applicable result option.
- Under Cycle Details in the *Workup Planned* dropdown select the applicable next step.
- When you click *Save* the Procedure Codes section will appear.
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.
    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.
    - Select the applicable CPT code, then click the check mark  to add the CPT Code.
- Click *Save* once all information is entered. Information is not automatically saved. For convenience clicking *Save and New* to add additional encounters (i.e. mammogram, etc.).
- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.



Breast Biopsy Encounter

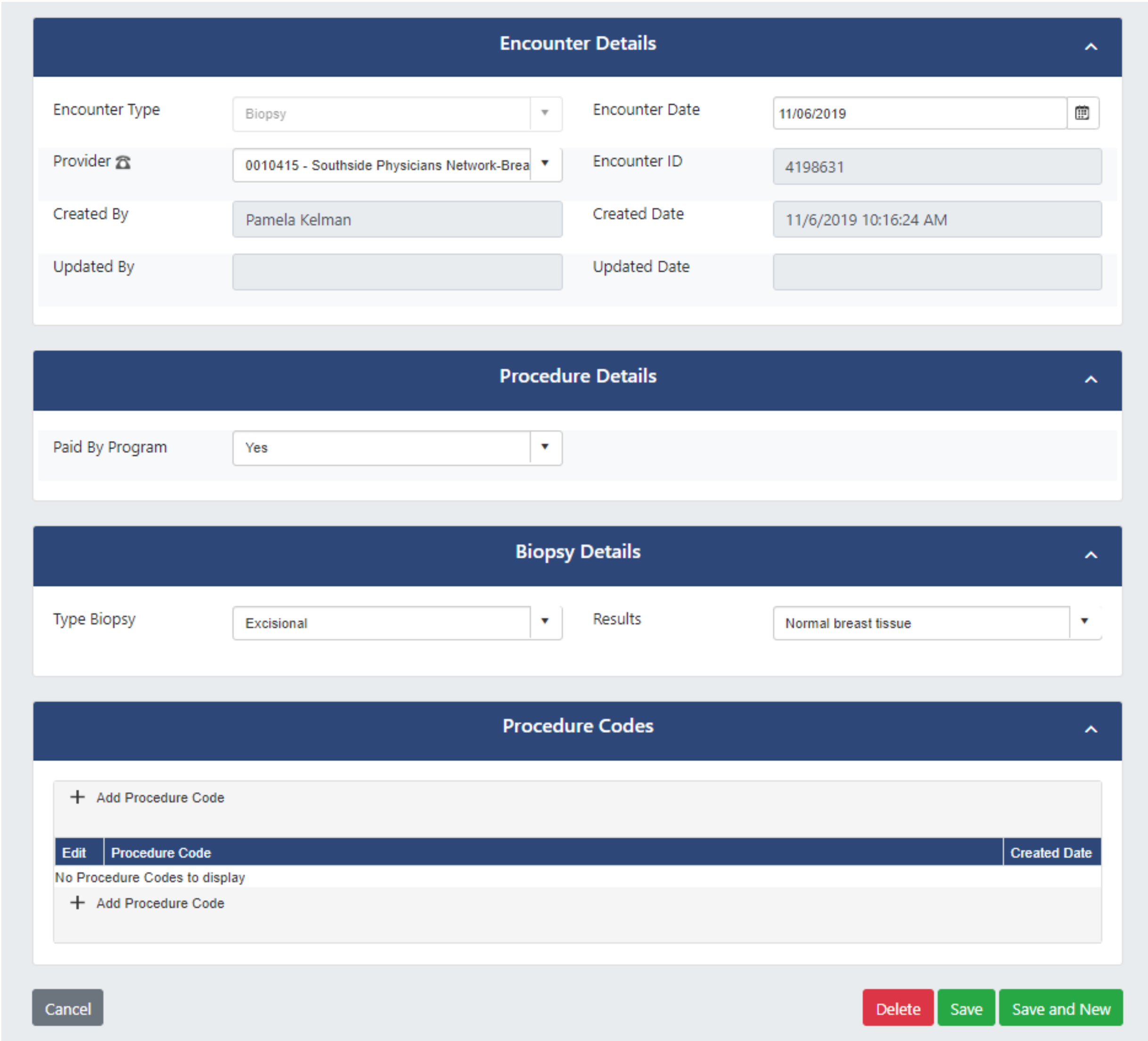
- To add a Breast Biopsy, select 'Biopsy' in the *Encounter Type* drop down, complete the *Encounter Date*, and select *Next*. This will bring up the Biopsy screen.

- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.

    - If *Provider* is a non-program funded provider, select "Non-program Provider".

- Under Procedure Details *Paid by Program* should be completed.

- Under Biopsy Details all fields should be completed.
    - *Type of Biopsy*: select if biopsy was an excisional/non-excisional.
    - *Results*: select the applicable result option.
    - *Laterality*: select the applicable laterality (Left, Right, Bilateral)
- When you click *Save* the Procedure Codes Section will appear.
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.
    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.
    - Select the applicable CPT code, then click the check mark to add the CPT Code.
- Click *Save* once all information is entered. Information is not automatically saved. For convenience clicking *Save and New* to add additional encounters (i.e. mammogram, etc.).
- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.



Encounter Details

Encounter Type	Biopsy	Encounter Date	11/06/2019
Provider	0010415 - Southside Physicians Network-Brea	Encounter ID	4198631
Created By	Pamela Kelman	Created Date	11/6/2019 10:16:24 AM
Updated By		Updated Date	

Procedure Details

Paid By Program	Yes

Biopsy Details

Type Biopsy	Excisional	Results	Normal breast tissue

Procedure Codes

+ Add Procedure Code

Edit	Procedure Code	Created Date

No Procedure Codes to display

+ Add Procedure Code

Cancel

Delete Save Save and New

MRI Encounter

- A MRI should be entered in the same fashion as the other breast encounters already included in this training manual.
- A MRI should only be entered into a client's Catalyst 120 record if the procedure has been approved by the EWL Central Office in advance.
- If an MRI paid for with EWL funds is included in a record without prior approval, it will be denied when submitted for reimbursement approval.

Pap Test Encounter

- To add a Pap Test, select 'Pap Test' in the *Encounter Type* drop down, complete the *Encounter Date*, and select *Next*. This will bring up the Pap Test screen.
- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.
    - If *Provider* is a non-program funded provider, select "Non-program Provider".
- Under Procedure Details *Paid by Program* should be completed.
- Under Pap Test Details, all fields should be completed.
    - *Why Initial Pap?*
        - 'Screening' should be reported for a Pap test performed as part of a routine screening schedule.
        - 'Surveillance' should be reported for a Pap test performed on a woman under management for a cervical abnormality detected prior to this cycle.
        - 'Non-program pap, Referred in for diagnostic evaluation' should be reported when a patient has had a Pap test performed outside of the program and is referred to the program for diagnostic work-up. **Obtain and record the results of the Pap test, date it was performed, location, and indicate that the Pap test was not paid by EWL.**
        - 'No Pap' should be reported when the patient does not have a screening Pap test and goes directly to diagnostic work-up or only had a primary HPV test.

        - ‘No Cervical Service’ should be selected when no cervical services have been rendered for the client.

        - ‘Pap after Primary HPV+ Test’ should be selected when a pap is required as the result of a primary HPV test.

    - *Diagnostic Referral Date*: Date patient was referred to EWL.

    - *Type of Pap Test*: Select ‘3 year (no HPV test)’ or ‘5 year (HPV co-test)’.

    - *Specimen Adequacy*: Select the option that is applicable.

    - *Specimen Type*: Select the option that is applicable.

    - *Results*: Select the option that is applicable.

    - *Other Results*: This option should only be used in rare situations when the results do not match any options provided.

        - The text box is set to scan for matches to the preset result list and an error will occur if free text matches drop down options.

- Under Cycle Details in the *Workup Planned* dropdown select the applicable next step.

- When you click *Save* the Procedure Codes Section will appear.

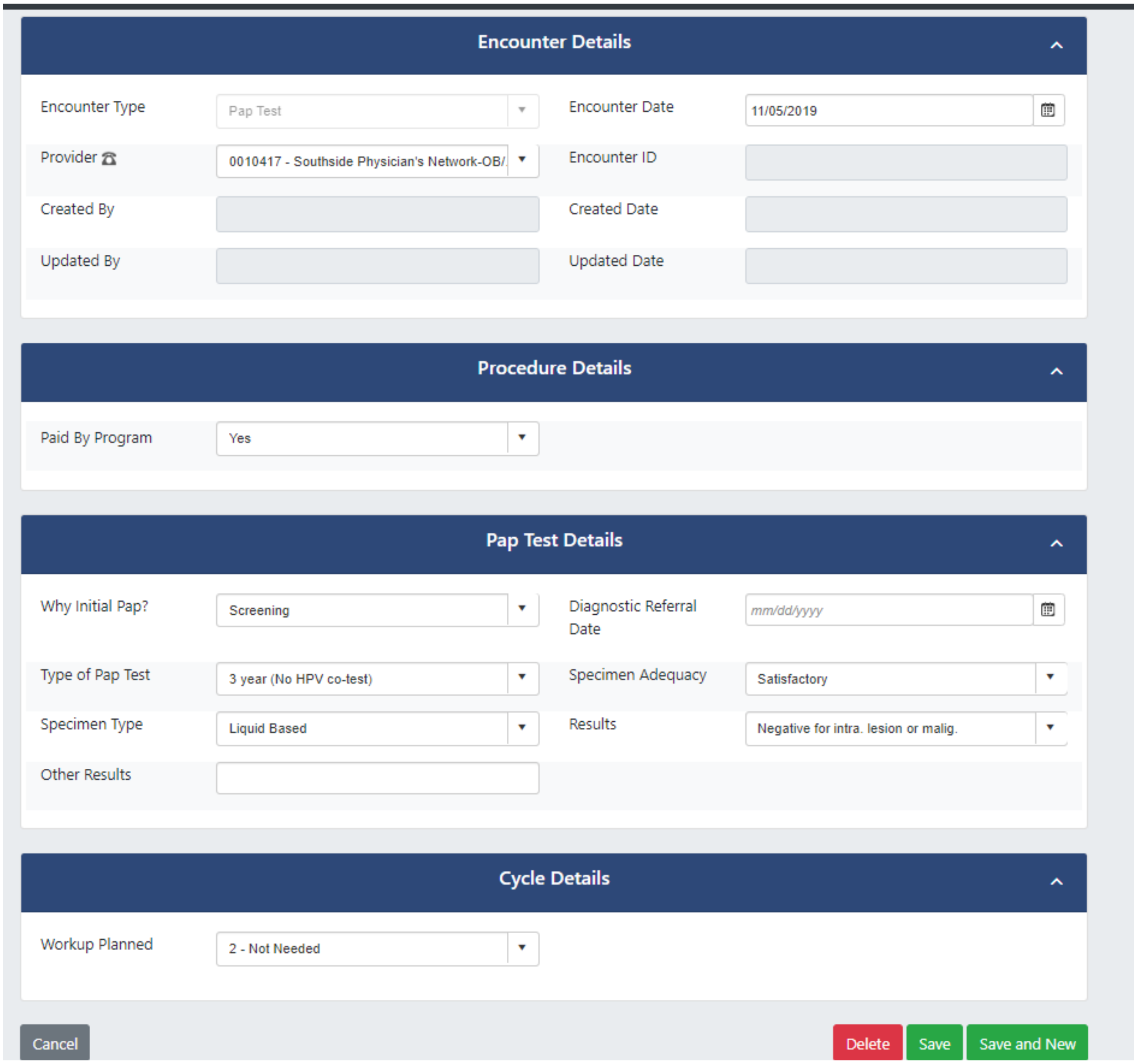
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.

    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.

    - Select the applicable CPT code, then click the check mark ✓ to add the CPT Code.

- Click *Save* once all information is entered. Information is not automatically saved. For convenience clicking *Save and New* to add additional encounters (i.e. mammogram, etc.).

- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.


Encounter Details
Encounter Type
Pap Test
Encounter Date
11/05/2019
Provider
0010417 - Southside Physician's Network-OB/
Encounter ID
Created By
Created Date
Updated By
Updated Date
Procedure Details
Paid By Program
Yes
Pap Test Details
Why Initial Pap?
Screening
Diagnostic Referral Date
mm/dd/yyyy
Type of Pap Test
3 year (No HPV co-test)
Specimen Adequacy
Satisfactory
Specimen Type
Liquid Based
Results
Negative for intra. lesion or malig.
Other Results
Cycle Details
Workup Planned
2 - Not Needed
Cancel
Delete
Save
Save and New

HPV Encounter

- To add a HPV Test, select ‘HPV Test’ in the *Encounter Type* drop down, complete the *Encounter Date*, and select *Next*. This will bring up the HPV Test screen.

- This encounter should be completed for every Pap test.

    - If Pap test is 3 year, *HPV Indication* should be ‘Test not done’

    - If Pap test is 5 year, *HPV Indication* should be noted as ‘Co-test/Screening’ or ‘Reflex’

- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.

    - If *Provider* is a non-program funded provider, select “Non-program Provider”.

- Under Procedure Details *Paid by Program* should be completed.

- Under HPV Test Details section, all fields should be completed.

    - *HPV Indication*:

        - ‘Co-Test/Screening’ should be selected if HPV test is performed alone or in combination with a Pap test as part of cervical cancer screening.

        - ‘Reflex’ should be reported if a HPV test is performed as a follow up test after a screening Pap test.

        - ‘Test not done’ should be selected if the HPV test was not completed.

        - ‘Unknown’ should be selected only in rare instances with provided explanation sent to Central Office.

    - *Results*: Select the applicable option.

- When you click *Save* the Procedure Codes Section will appear.

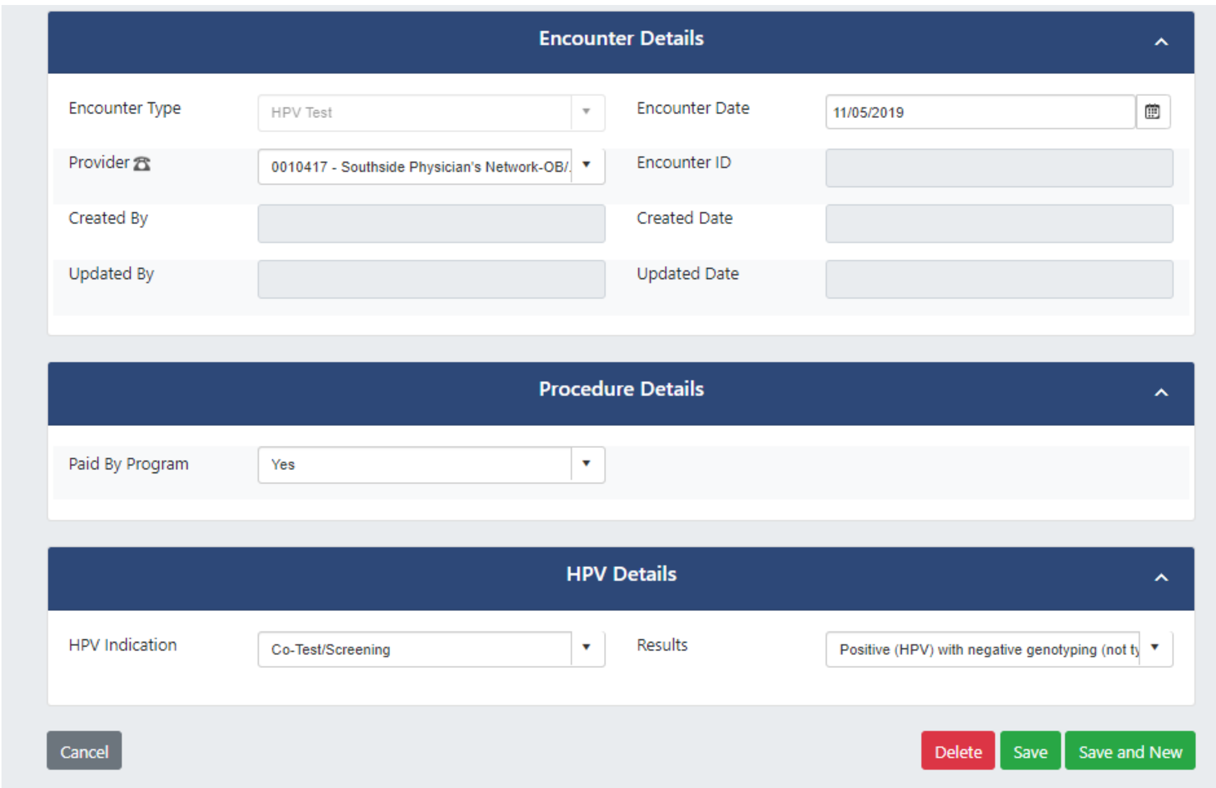
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.

    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.

- Select the applicable CPT code, then click the check mark ✓ to add the CPT Code.

- Click *Save* once all information is entered. Information is not automatically saved. For convenience clicking *Save and New* to add additional encounters (i.e. mammogram, etc.).

- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.



Colposcopy with Biopsy Encounter

- To add a Colposcopy with Biopsy, select 'Colposcopy with Biopsy' in the *Encounter Type* drop down, complete the *Encounter Date,* and select *Next*. This will bring up the Colposcopy with Biopsy screen.

- Under Encounter Details, the *Encounter Type* field will auto populate based on what was selected in Add Encounters screen. *Encounter Date* (actual date of procedure) and *Provider* should be completed. The *Encounter Date* must be the same as or after the date the consent form was signed if the procedure is paid using EWL funds. All other fields will auto populate.

    - If *Provider* is a non-program funded provider, select "Non-program Provider".

- Under Procedure Details *Paid by Program* should be completed.

- Under the Colposcopy with Biopsy Details section, select the applicable option in the *Results* drop down field.

- When you click *Save* the Procedure Codes Section will appear.

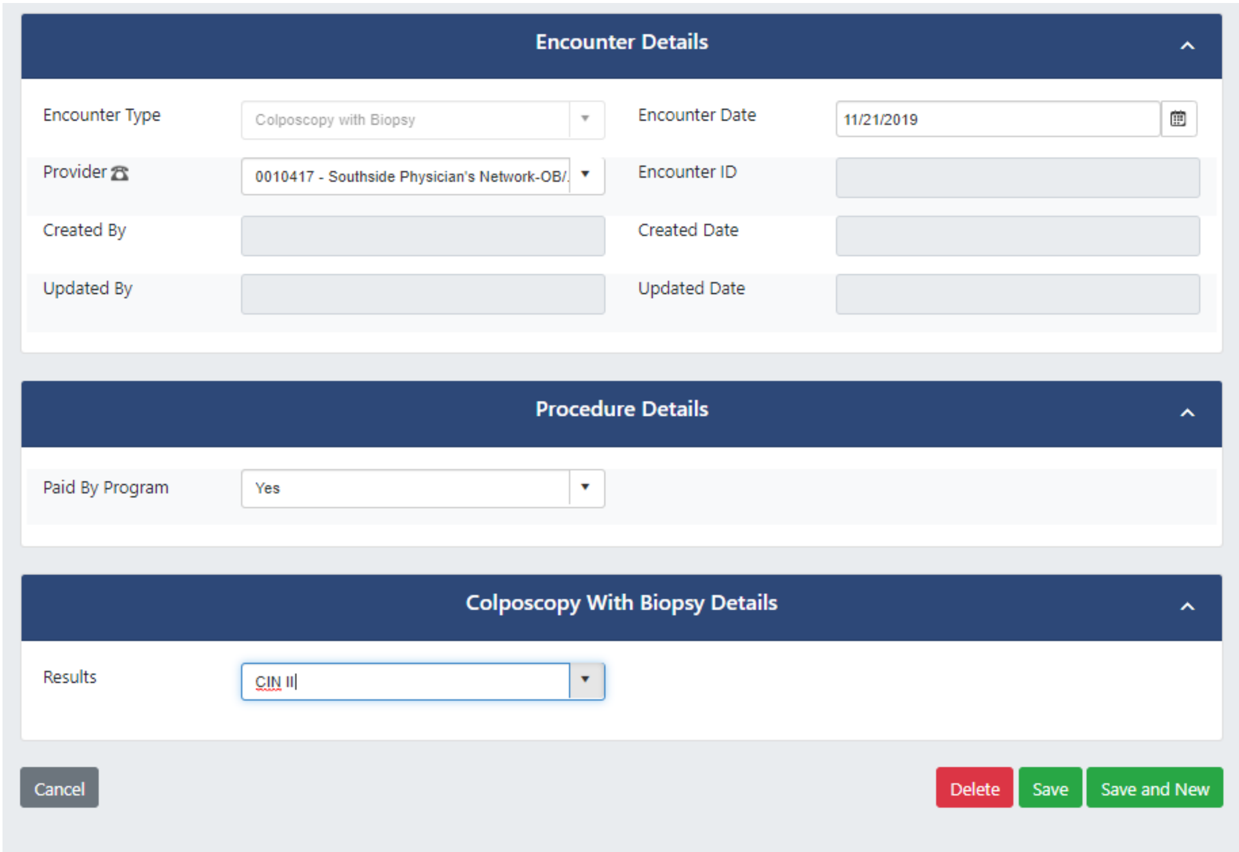
- Under the Procedures Codes Section, the corresponding CPT code used for the procedure will be selected.

    - Click the plus sign (+) next to *Add Procedure Code*. This will open the Procedure Code dropdown menu. All current allowable EWL procedure codes can be found in the dropdown.

    - Select the applicable CPT code, then click the check mark to add the CPT Code.

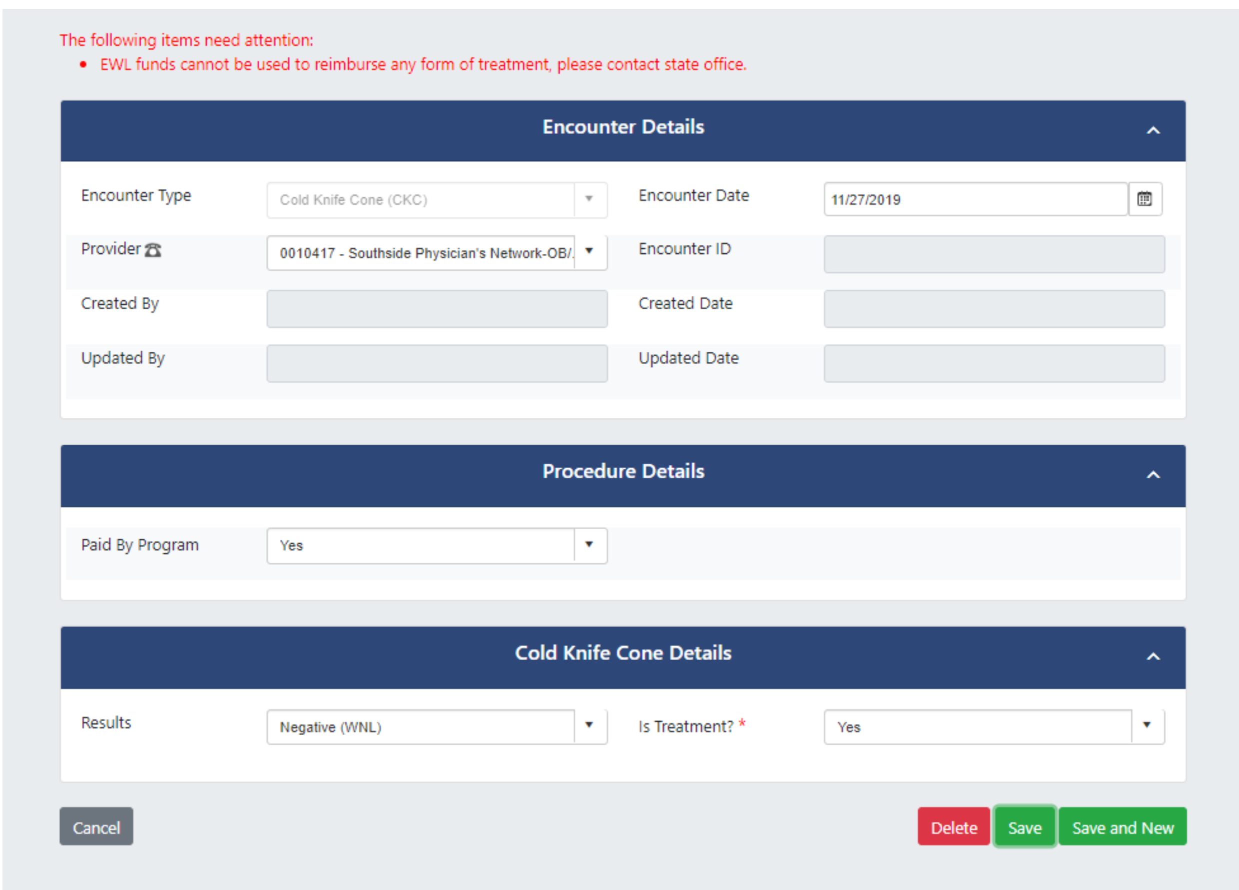
- Click *Save* once all information is entered. Information is not automatically saved. For convenience clicking *Save and New* to add additional encounters (i.e. mammogram, etc.).

- Click *Cancel* if the user wishes to delete the encounter prior to saving and follow prompts.


Encounter Details
Encounter Type
Colposcopy with Biopsy
Encounter Date
11/21/2019
Provider
0010417 - Southside Physician's Network-OB/.
Encounter ID
Created By
Created Date
Updated By
Updated Date
Procedure Details
Paid By Program
Yes
Colposcopy With Biopsy Details
Results
CIN II
Cancel
Delete
Save
Save and New

LEEP and Cold Knife Cold Encounter

- A LEEP and Cold Knife Cone would be entered in the same fashion as the other encounters already included in this training manual.
- A LEEP or Cold Knife Cone should only be entered if they were performed for further diagnostics. A LEEP and Cold Knife Cone performed as treatment should not be paid for with EWL funds and should not be entered into the patient's record in Catalyst 120.
- If a LEEP or Cold Knife Cone is entered, the user will be prompted to answer if the procedure was performed as treatment. If 'Yes' is selected an error message will appear and the user will not be able to save the screen.
- Contact the EWL Central Office if there is a question about how to handle a LEEP or Cold Knife Cone.



Diagnosis and Treatment

- The Diagnosis and Treatment section of the navigation tree will be used to record final diagnosis and treatment information for both breast and cervical services.

- All fields in the Diagnosis Details section will automatically populate once the screen is saved.

- The Final Imaging Section is used to record the result and the date of the last imaging procedure the client received (i.e. follow up mammogram, ultrasound, MRI).

- The Breast Diagnosis and Cervical Diagnosis sections are used to record work-up status, final diagnosis, diagnosis date, stage at diagnosis, and tumor size (for breast only).

    - *Status*: Field used to record work-up status.

        - 'Work-up complete': This should be selected if no additional diagnostics are required or short term follow up is indicated.

        - 'Work-up Pending': This should ONLY be selected during closeout.

        - 'Lost to Follow-up': For a status of 'Lost to Follow-Up', enter the date after three different attempts to contact the client have been made.

        - 'Work-up Refused': This should be selected if the client refused work up.

        - 'Irreconcilable': This should be selected in cases where the clinical work-up could not be completed because the client passed away.

    - *Diagnosis Date:* This should be the date the treating clinician receives the results of the final procedure performed or the date the determination was made by the treating clinician. For 'lost to follow-up' or 'refused', the last date of attempted contact or the date in which the work up was refused should be used.

- The Breast and Cervical Treatment sections are used to record information about treatment status and start date.

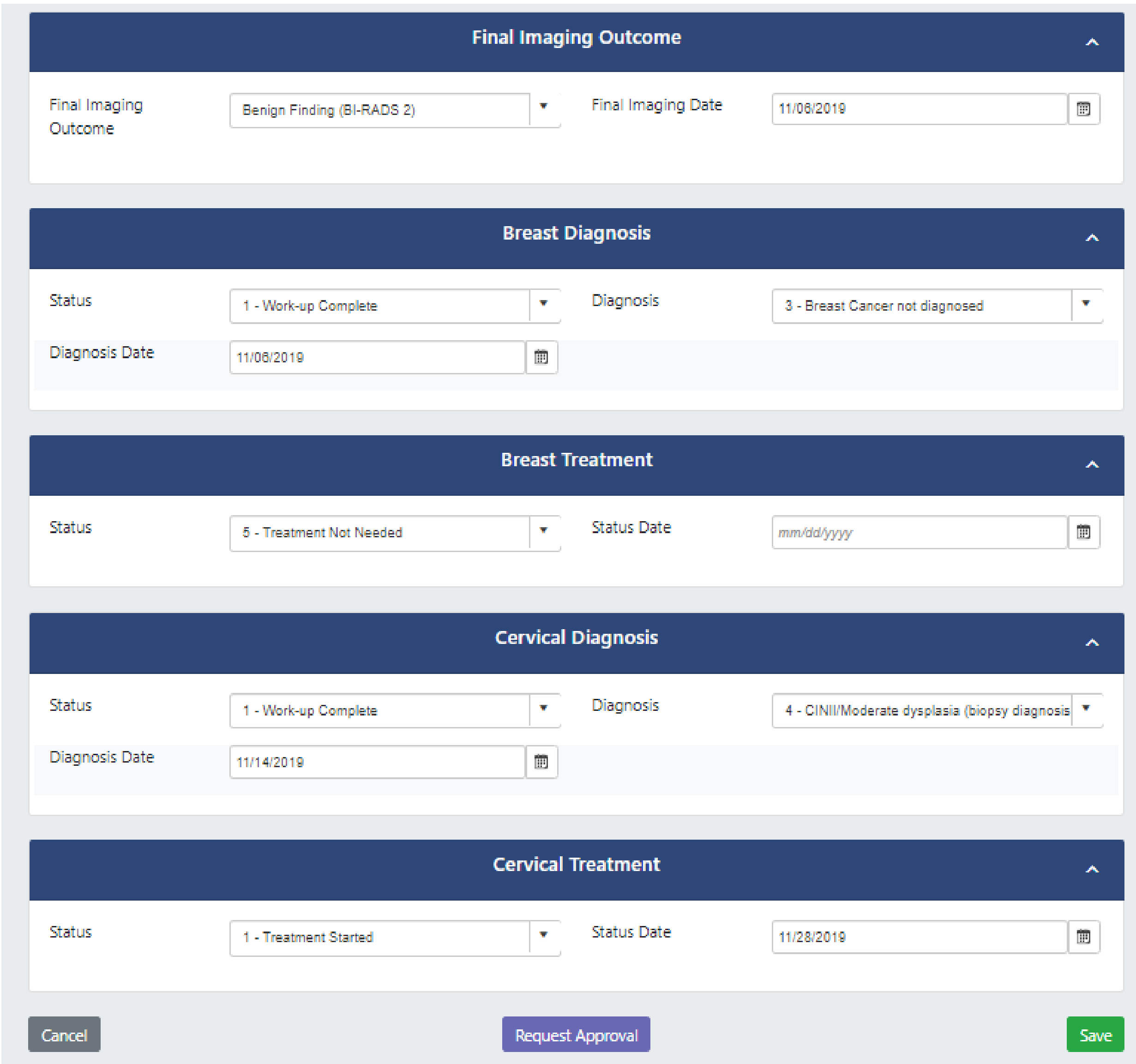
    - *Status Date:* Report the date treatment was started (i.e. chemo, radiation, excision, etc).

    - For a status of 'Lost to Follow-Up', enter the date after three different attempts to contact the client have been made.

    - For a status of 'Treatment Refused', enter the date of the refusal.

- If treatment is ‘Not Needed”, enter the date that both the clinician and the patient jointly agree not to pursue treatment (e.g. end stage cancers).

- Once all sections of the Diagnosis and Treatment screen are complete, click *Save* in the bottom right hand corner.



BCCPTA Enrollment

For Treatment

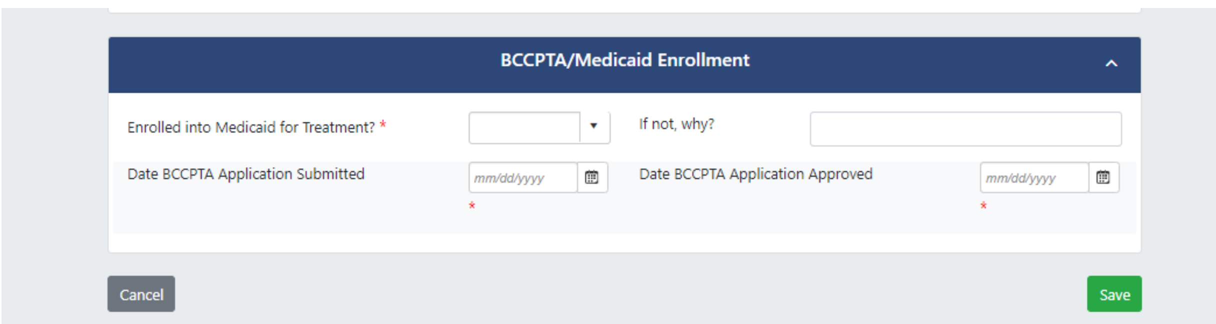
- After a client has been screened and / or diagnosed with breast or cervical cancer or a pre-cancerous condition, and has been certified as needed treatment by an EWL provider, that client may be eligible for payment of that treatment by Medicaid under the **Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)**.

- The BCCPTA / Medicaid Enrollment section will become visible when a cancer or precancerous diagnosis is selected.

    - *Enrolled into Medicaid for Treatment* is a Yes / No drop down.

        - If no, please indicate the reason in the text box.

    - *Date of application submission* and *date of application approval* by DSS are REQUIRED.



BCCPTA ONLY

- A complete patient record should be entered into Catalyst 120 for clients an EWL provider helps connect to the BCCPTA only (i.e. diagnosed outside of EWL program). All screening and diagnostic procedures leading up to the cancer diagnosis should be entered. This allows the program to total number of referrals into the BCCPTA.

- Ensure the drop down in Enrollment Encounter has indicated BCCPTA Only, page 17.

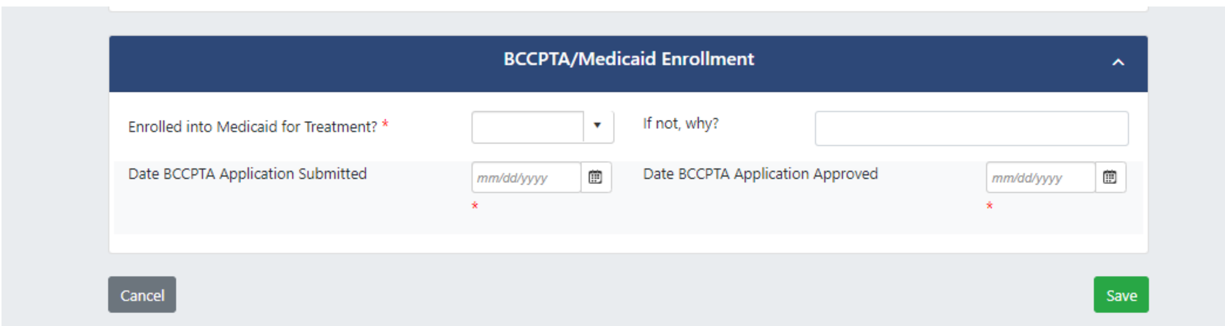
- All procedures should be recorded, and 'Not Funded by EWL'.

- The BCCPTA / Medicaid Enrollment section will become visible when a cancer or precancerous diagnosis is selected.

    - *Enrolled into Medicaid for Treatment* is a Yes / No drop down.

        - If no, please indicate the reason in the text box.

    - *Date of application submission* and *date of application approval* by DSS are REQUIRED.



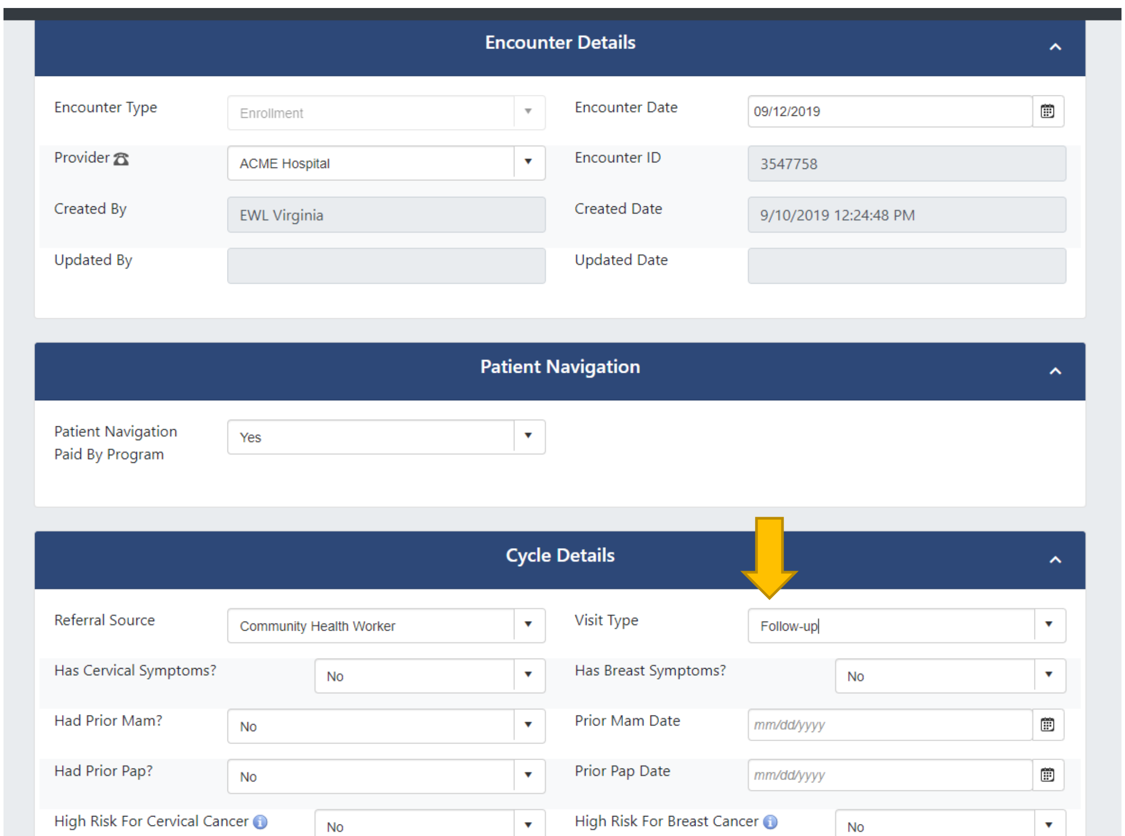
Short Term Follow up

- Clients that require additional services for short term follow up, 3 to 9 months after initial screening / cycle.

- Search client as directed in **Returning EWL Clients** section of the manual (see page 29). No fields in the assessment screen need to be completed.

- Enter the next cycle as directed in the **Adding a New Cycle** section of the manual (see page 31).

- In Enrollment Encounter the *Encounter Date* will be the same date as the follow up procedure and the *Visit Type* will be 'Follow Up'. No other information is required to be completed on this screen.



- All additional procedures should be recorded.

- Final diagnosis information should be completed per the steps in the **Diagnosis and Treatment** section (see page 52). Request for approval and invoicing steps should be followed per the **Invoicing** section (see page 57).

Invoicing

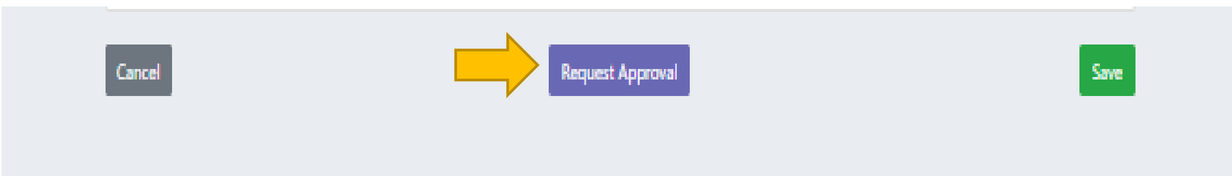
- Clients can only be submitted for invoice approval if all procedures have been completed.

- Clients will be submitted to Central Office for review by selecting *Request Approval* at the bottom of the Diagnosis and Treatment screen.

    - Once a client is submitted, the system will review the cycle for completeness against predetermined rules and if there are any errors a pop-up detailing the errors will appear. The errors will need to be corrected prior to submission.

    - A confirmation box will pop up asking: "Are you sure you want to submit this cycle for approval?"

    - Select 'OK' to submit the client to Central Office for approval.

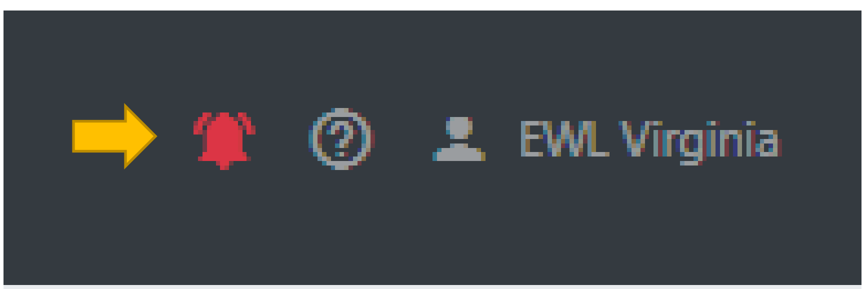


- Central Office will receive a list of clients that have been submitted for approval nightly and will review. Submitted clients from providers will be reviewed within 2 to 4 business days. The EWL Central Office will contact a provider if there will be a delay in approval.

- The EWL provider will receive notification in the Catalyst 120 System once a client is approved or denied. The notification icon will turn red when there are new notifications.

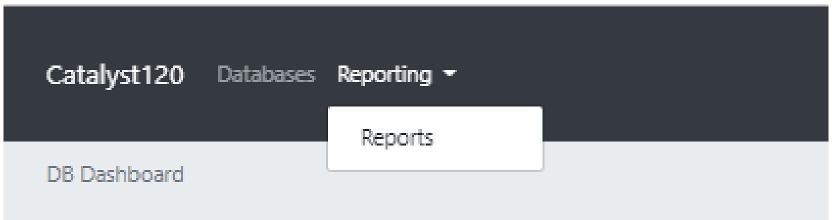
    - In addition, you will receive a nightly email notifying you to view your notifications in Catalyst 120.

    - For all denied clients, a Final Approval Form will be sent via SFTP in addition to the notification.

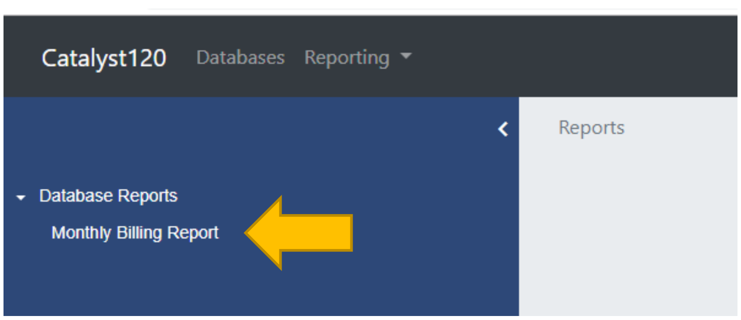


- Invoices will continue to be sent to the Central Office on a **monthly** basis.

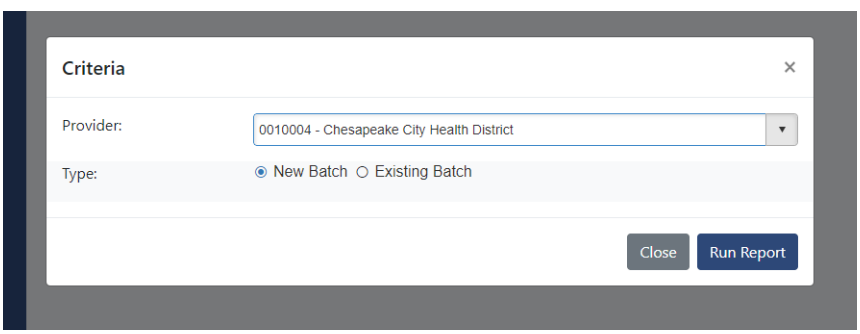
- When you are prepared to submit your site's monthly invoice, a list of approved clients, short-term follow up clients, and BCCPTA only clients to date will be available for review by generating the *Monthly Billing Report*. This report can be found under the *Reporting* tab along the top of the database screen.



  - Select *Reporting*.
  - Select *Reports*.
  - Select *Monthly Billing Report* from navigation tree.



  - A report criteria pop up will appear with your *provider name* and the *Type: (New Batch or Existing Batch).* Select *New Batch* to see clients that have been approved by Central Office. Select *Run Report*.



  - The report will generate a list of approved clients, approved short term follow up clients, and approved BCCPTA treatment only clients in three separate sections.

- At the top of the report is a blue button labeled *Print Invoice Packet*. Clicking this button will generate an excel file with your Invoice cover page and client lists automatically populated in separate tabs.
  - The only aspect not pre-populated is "submitted by" and “invoice number”. These must be filled in by the provider prior to submission to the Central Office.
  - Take note of the batch number automatically generated as it will be the only way to return to a previously generated invoice in Catalyst 120 using *Existing Batch*.
  - Once finalized, the invoice should be submitted to the Central Office using SFTP and saved for your records.

Real Time Quality Indicators

- CDC Core Indicators and EWL Non-core Indicators will be available to you at the bottom of the landing screen.
- This graphic will replace the quarterly indicator report.
- As you enter clients you will see the *Number of Mam*, *Number of Pap Test* and *Number of Women Served* change in real time.
- These reset each year on July 1.

MDE Indicators	CDC Standard	VA (7/1/2019 - 4/21/2020)		(7/1/2019 - 4/21/2020)	
		Percentage	Standard Met/Unmet	Percentage *	Standard Met/Unmet
Percentage of initial program Pap tests provided to never/rarely screened women	≥20%	28.9% (201/695)	MET		
Percentage of abnormal Pap tests with complete follow-up	≥90%	91.3% (21/23)	MET		
Percentage of abnormal Pap tests where the time between the Pap test/referral and final diagnosis was > 90 days	≤25%	20.0% (4/20)	MET		
Percentage of final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical carcinoma where treatment has been started	≥90%	56.5% (13/23)	UNMET		
Percentage of final diagnosis of HSIL, CIN2, or CIN3/CIS where the time between the date of final diagnosis and the date of treatment initiation is > 90 days	≤20%	15.4% (2/13)	MET		
Percentage of final diagnosis of invasive cervical carcinoma where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%	0.0% (0/1)	MET		
Percentage of NBCCEDP funded mammograms provided to women 50 years of age and older	≥75%	56.6% (1480/2616)	UNMET		
Percentage of abnormal breast screenings with complete follow-up	≥90%	95.0% (813/856)	MET		
Percentage of abnormal breast screenings where the time between the screening/referral and final diagnosis was > 60 days	≤25%	2.8% (22/773)	MET		
Percentage of final diagnosis of breast cancer where treatment has been started	≥90%	95.8% (46/48)	MET		
Percentage of final diagnosis of breast cancer where the time between the date of final diagnosis and the date of treatment initiation is > 60 days	≤20%	19.6% (9/46)	MET		

* The DQI algorithms are proprietary to IMS. The numbers shown in this section approximate the numbers produced by these algorithms.

:ore Indicators

Performance Indicator	Description	Minimum Standard	VA		Provider	
			Percentage	Standard Met/Unmet	Percentage	Standard Met/Unmet
Re-Screens	The provider will give priority to eligible clients ages 50-64 previously enrolled and screened through EWL.	≥65%	33.81 %	UNMET	N/A	N/A
Minority Women Served	The provider will give priority to eligible minority individuals (e.g., African American, Latino, Asian etc.) that claim a non-Caucasian racial and ethnic status.	Varies by service area.	61.58 %	N/A	N/A	N/A
Risk Assessment Completed	The provider will perform risk assessments on all clients.	≥95%	88.16 %	UNMET	N/A	N/A

Reports Available to You

- EWL numbers report, this report will allow you a snapshot of women served during a specific time period.

- Missing data report, this report will allow you to see and track women who are in progress or are missing key elements of data.

- Patient summary report, this report will allow you to generate a facesheet for clients or use as a tracking tool.

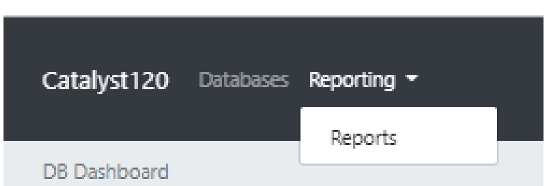
- Cancer Diagnosis report, this report will allow you to see and track women who have been diagnosed through treatment to ensure we are meeting our indicators for treatment.

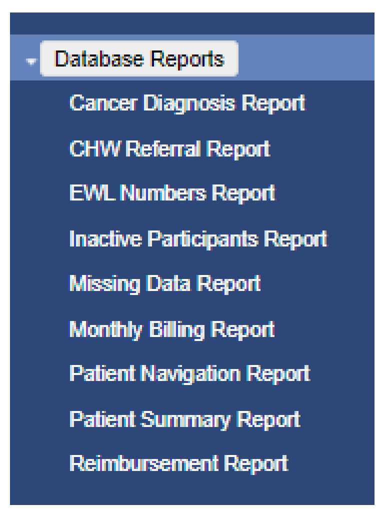
- Inactive client report, this report will allow you to see and track women from your programs who have been inactivated.

- Reimbursement report, this report will allow you to track all clients that have been submitted for approval, and their status of "requested", "approved" or "denied", this report resets July 1 of each year.

- CHW Referral report, this report will allow you to track all clients that have been referred to EWL by a community health worker.

- Patient Navigation report, this report will allow you to track all clients that have had patient navigation from your program.

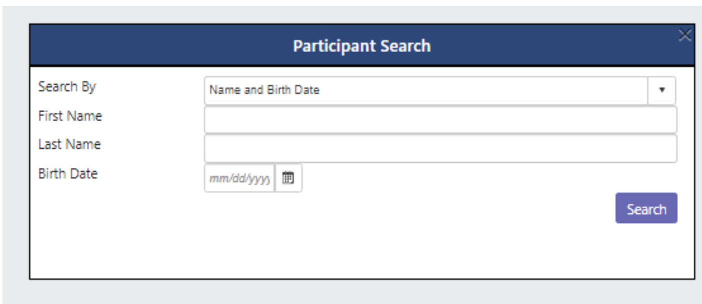




Appendix 1: Patient Navigation Only Data Entry for Catalyst

Participant Search

- The participant search function must be used whenever searching for a client, prior to entering data on a new client, or navigating to an already existing EWL client's record. *First Name*, *Last Name* and *Birth Date* must be completed when using the participant search function.



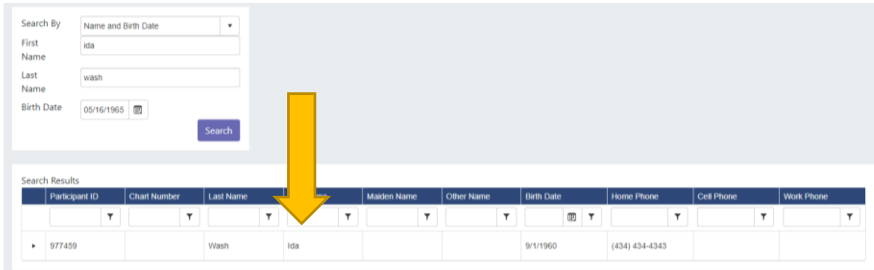
- If any of the search criteria are a match, a table of all matches will be populated. By clicking on a client name in the table, you will be taken to their profile screen where you can use the information already in the record to confirm their identity.

- Users will be able to see records for all EWL clients, even those not enrolled through their respective EWL site. However, users will only be able to edit records of clients whom have been enrolled at their assigned provider site.

- If a client needs to transfer from one EWL provider site to another, please contact the EWL Data Manager, who will ensure editing access is changed to the new provider.

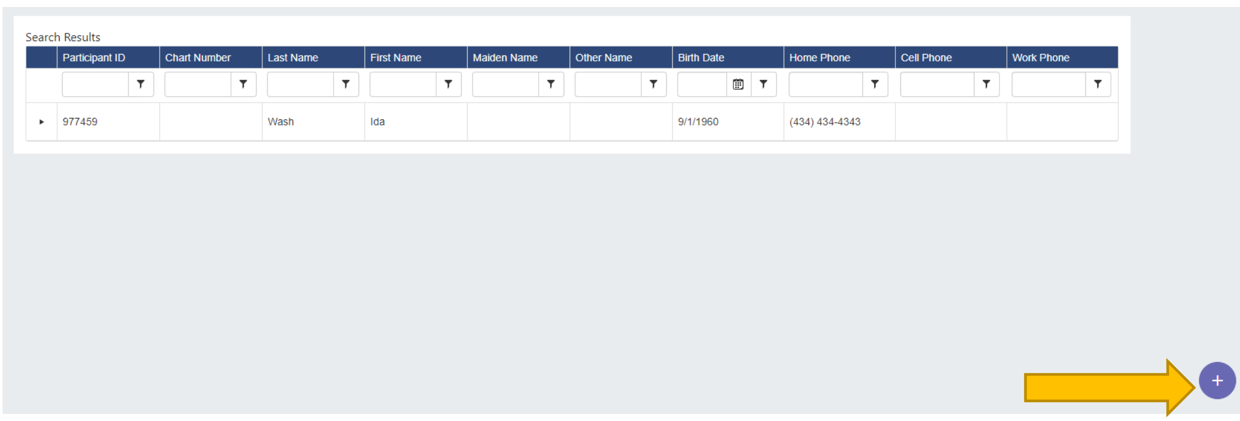
- When searching for a client, if you find any errors in name or date of birth, DO NOT make the changes yourself. Please notify the EWL Data Manager.

- If a search locates the client, follow the instructions for **Returning EWL Clients** (see page 29). If the client is not in the system, follow the instructions for **Adding a New Client** (see page 11).

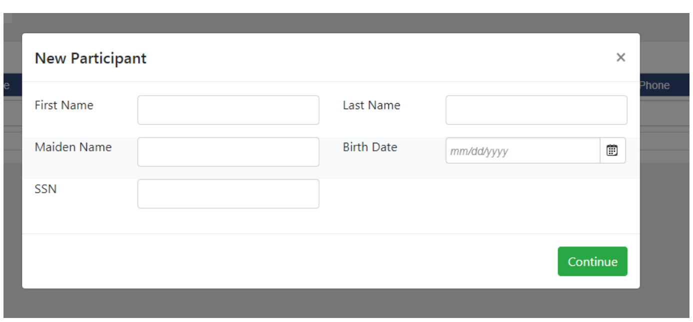


Adding a New Client

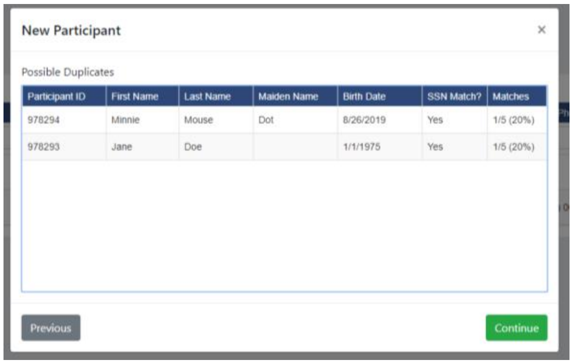
- After doing a search, if there is no existing profile for the client, a new one can be created by clicking the plus (+) sign in the bottom right hand side of the screen. This will take the user to the new participant screen.



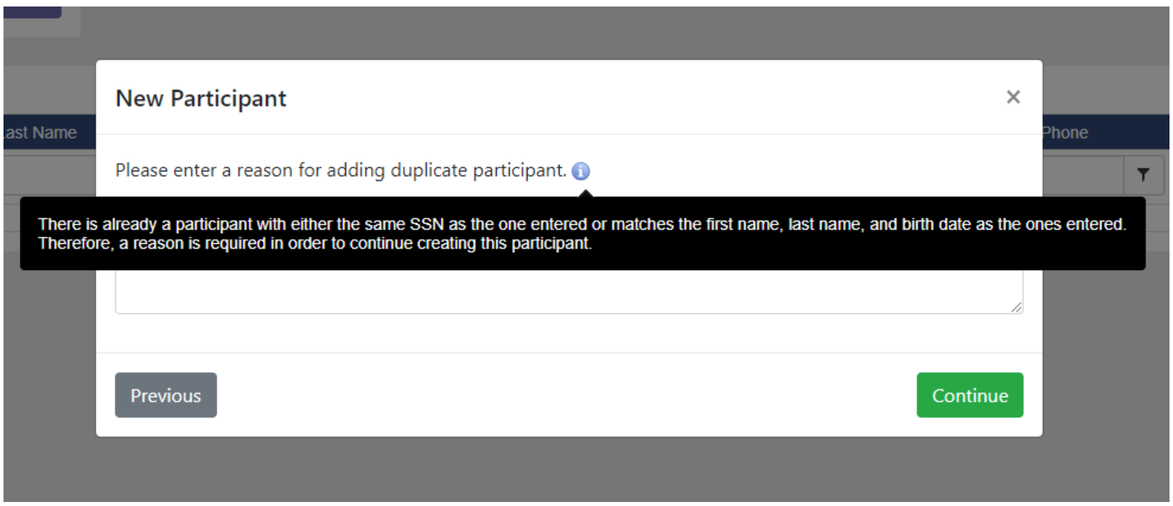
- When entering a new patient, first name, last name, birth date, and SSN should be completed. If the client does not have a SSN, leave this section blank. Once done click *continue*, this will take you to the Profile Screen.



- If client's first name, last name, DOB or SSN match any clients in the database you will get the pop up below.



- Verify all information and if client is not the same as those listed you will need to enter a reason for the duplicate, this box will pop up when you click *continue* (ie. Twins)



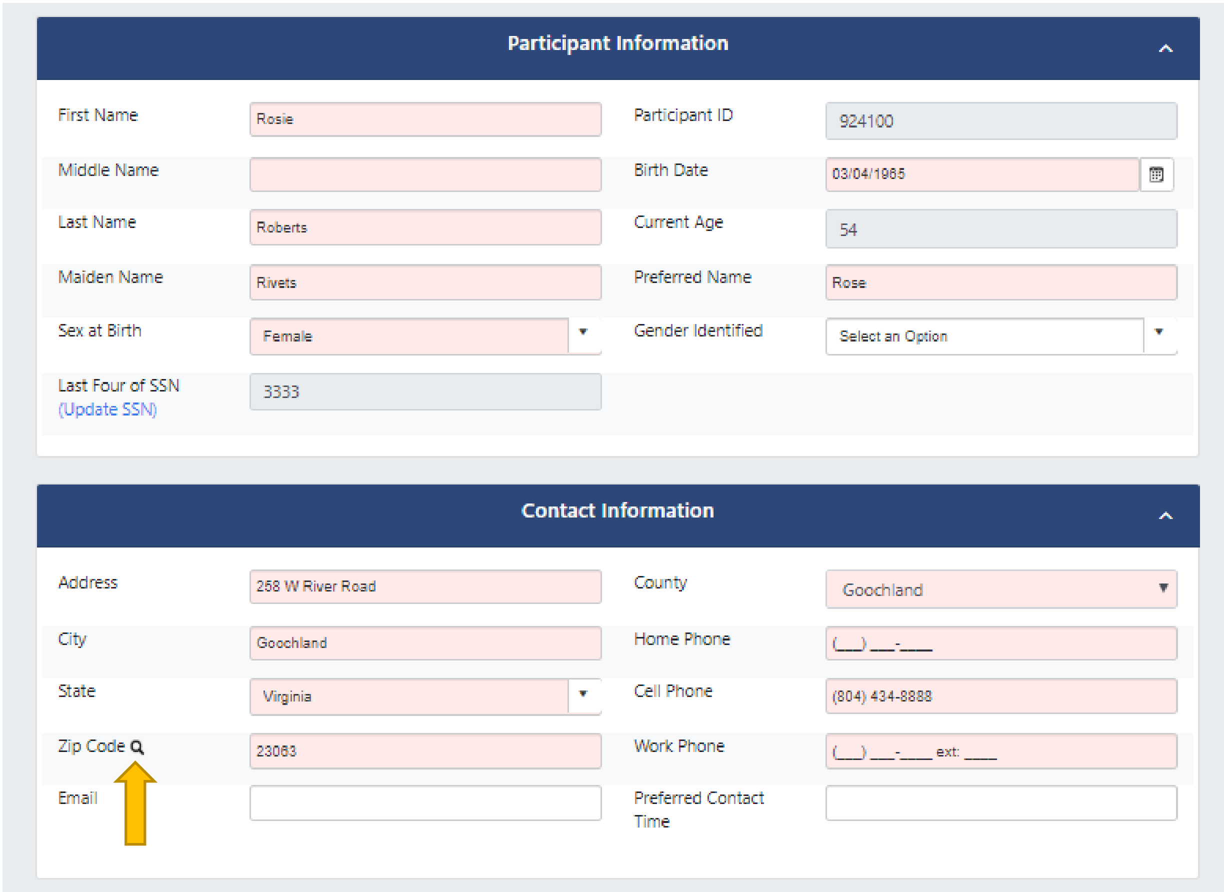
Profile Screen

- After clicking *continue* on the New Participant screen the profile screen will pop up with the new patient's *first name*, *last name*, *birth date*, and *SSN* automatically populated. *Sex at Birth* will also be auto populated to female. If this is not correct for a client, it can be changed.

- *First Name*, *Last Name*, *Date of Birth*, *Phone #*, *Address*, and *Zip Code* are all required fields.

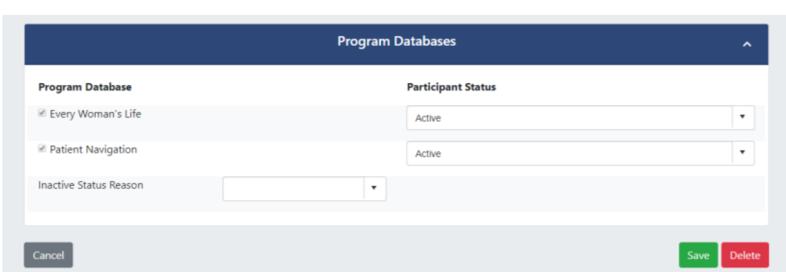
- If the participant has a preferred name, enter in the *Preferred Name* field and **use their legal name** for *First Name* and *Last Name*.

- Magnifying Glass: Once a zip code field is entered, clicking the magnifying glass will auto populate the *County* field.



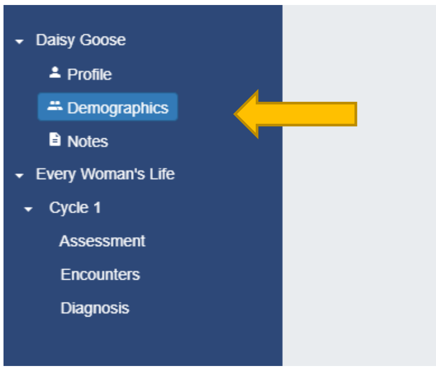
Program Databases

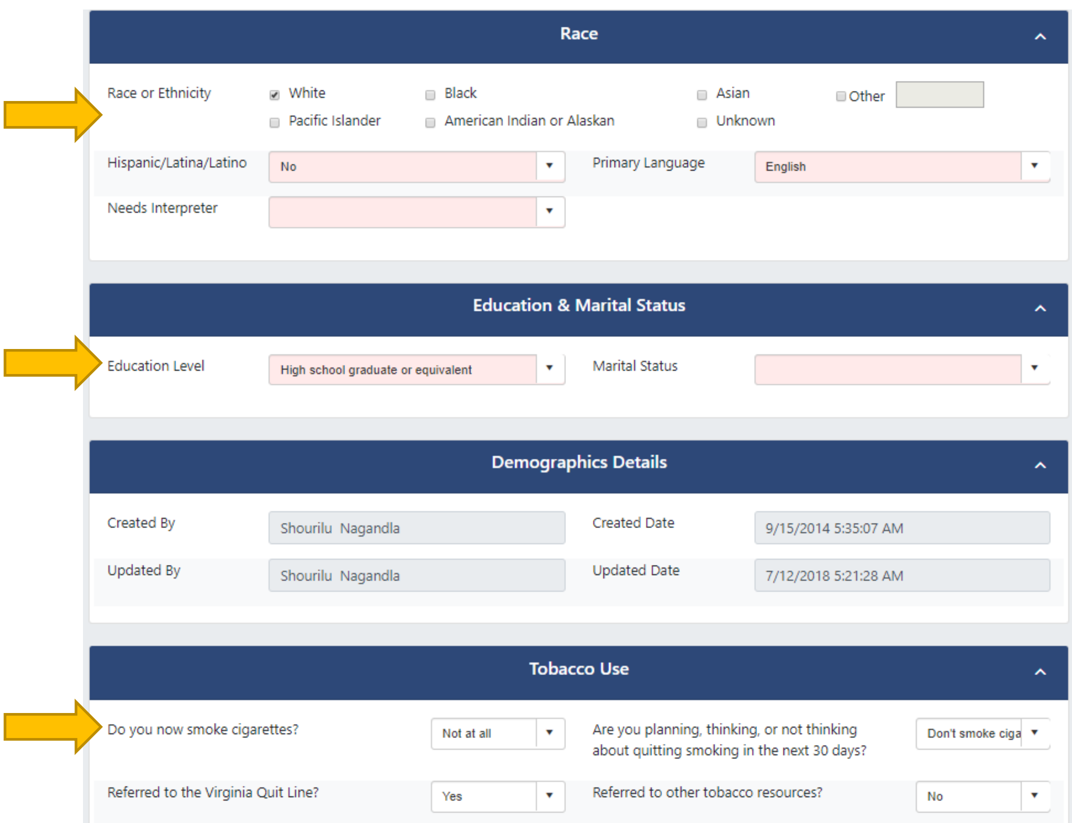
- At the bottom of the profile screen is a section titled Program Databases. The Every Woman's Life and Patient Navigation databases will automatically be pre-selected for the user.
- *Save* must be clicked for the navigation tree to appear.
- Once the Profile screen is saved, *Participant Status* will appear under the Program Databases section. 'Active' will be auto-populated for both Every Woman's Life and Patient Navigation. If the participant is 'Inactive' use the *Inactive Status Reason* dropdown to select the reason for inactivation.



Demographics

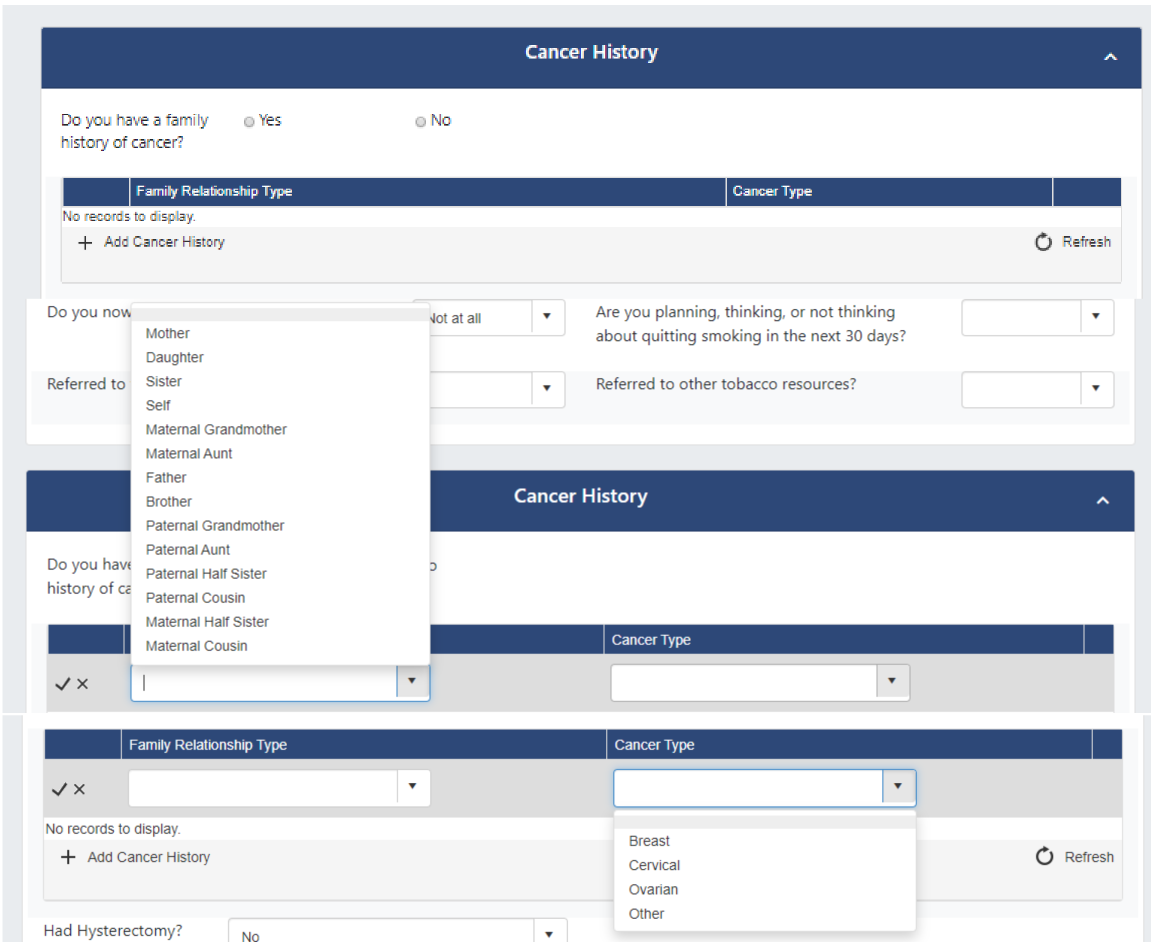
- After saving the profile information, select Demographics from the navigation tree. The Demographics screen will collect information on race/ethnicity, education level, tobacco status, and cancer history (including hysterectomies). All sections are required to be completed.



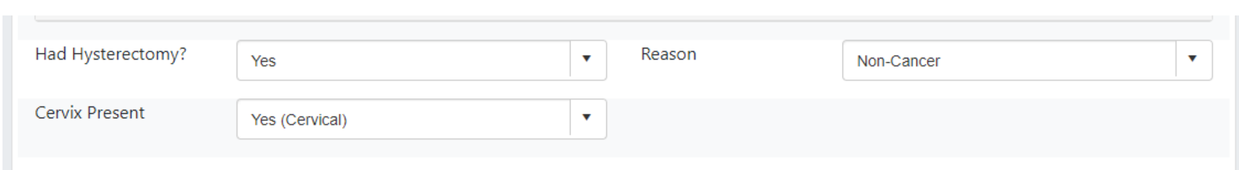


Cancer History

- If there is a family history of cancer click 'Yes', then click (+) *Add Cancer History*. Use the drop downs to select *Family Relationship Type* (mother, daughter, sister, or self) and *Cancer Type* (breast or cervical).
    - Click ✓ to "insert" family cancer history.
        - Use (+) to add as medical history dictates.



- ***Hysterectomy*** notation is required. If yes, please indicate if cancer or non-cancer related and if Cervix is still present.



- Once all demographic information is entered, click *Save*. Information entered is not automatically saved.

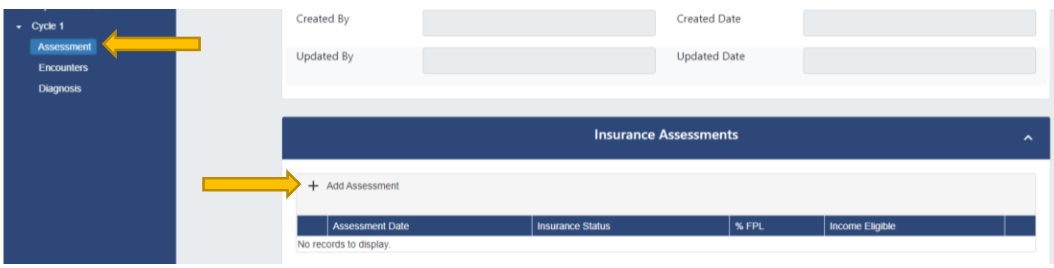
Assessment

- The Assessment screen is where information regarding income, household size, insurance status, and patient barriers will be collected. In addition, Client Participant Agreement forms will be uploaded and saved in this section.

New Client Assessment

- After saving the Demographic information, click Assessment under Cycle 1 in the navigation tree. This will need to be done for each enrollment cycle.

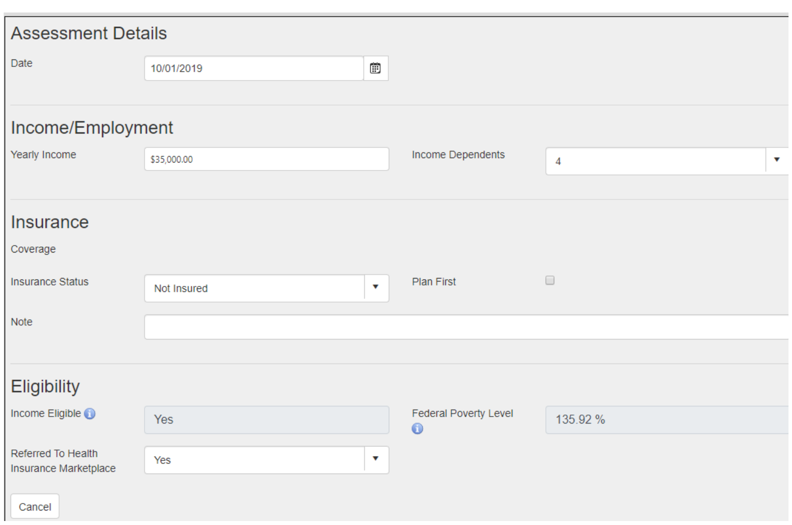
- Clicking the (+) button next to *Add Assessment* will open the Insurance Assessment section to allow for income, eligibility, and insurance information to be collected.



- *Date* should be documented as the date eligibility was assessed.

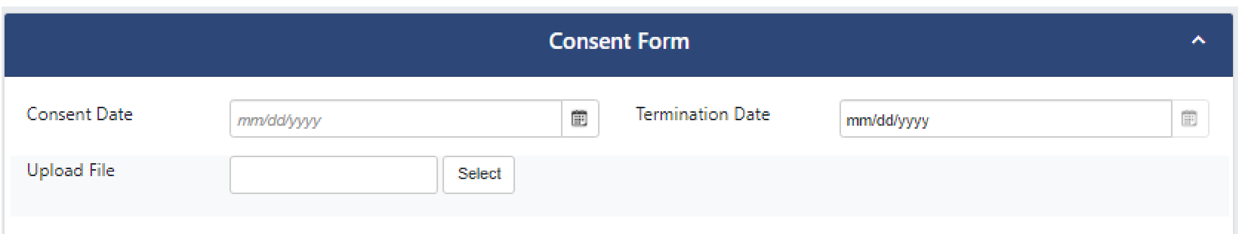
- The *Federal Poverty Level* field will automatically populate based on inputted *Yearly Income* and *Income Dependents*. Any client between 138% and 250% should be referred to the Health Insurance Marketplace.

- Once all three sections are complete, click *Save*. This will save and collapse the section.



Client Participation Agreement

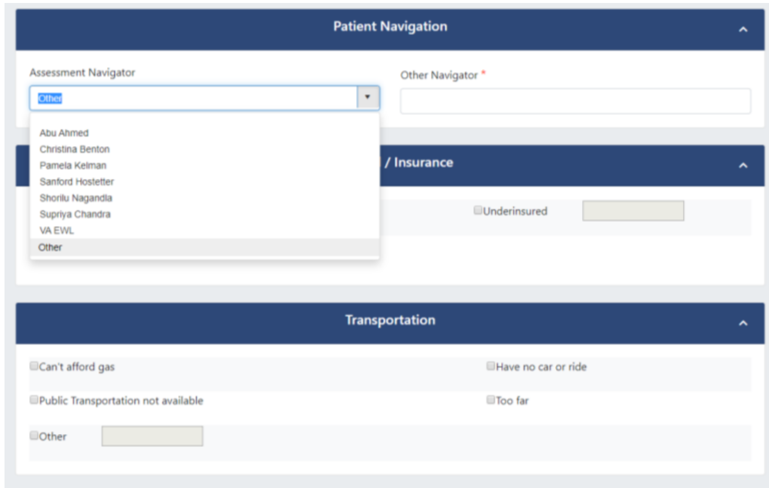
- A Client Participation agreement is required to be completed at each enrollment cycle, prior to any EWL service being performed.
- *Consent Date* is the date it was signed by the client.
- *Termination Date* is auto-populated to be 1 year from consent date.
- An *upload button* has been added for the option to upload the signed consent form for the cycle.
    - Click select and your folders will automatically open.
    - Navigate to where the consent form has been scanned in, double click on file or click open to upload the form.



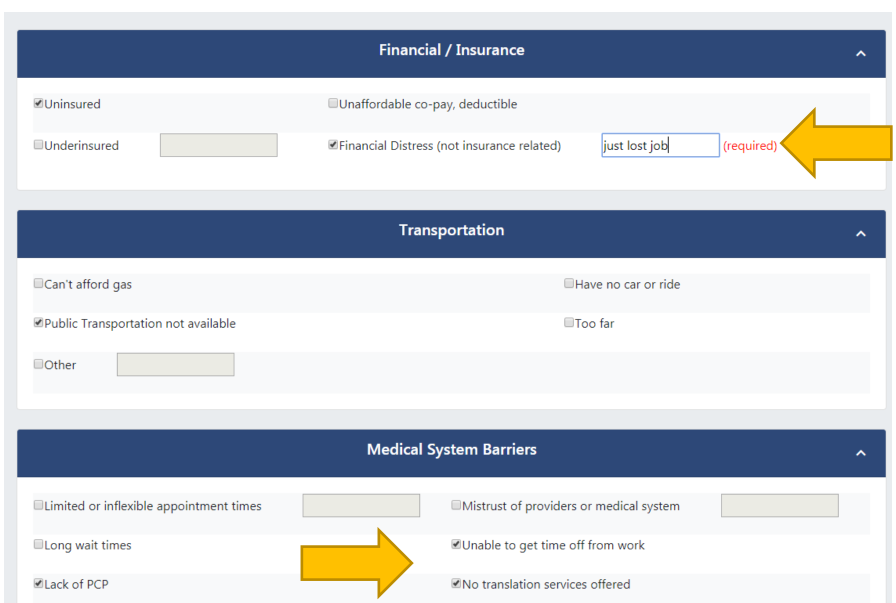
Patient Navigation / Barriers

- The Patient Navigation and Barriers sections of the Assessment screen will be used to document client needs assessment results. A needs assessment should be conducted at the time of annual enrollment and documented in the Barrier sections of the Assessment screen. A client's needs should be reassessed after an abnormal screening result and any changes updated in the Barriers sections.

- The first step when entering needs assessment results will be indicating who completed the assessment with the *Assessment Navigator* field. This will automatically populate to the credentials of whoever is entering the information, but can be changed. If the individual who completed the assessment is not listed (i.e. may have been done through a sub-contractor), please select 'other'.



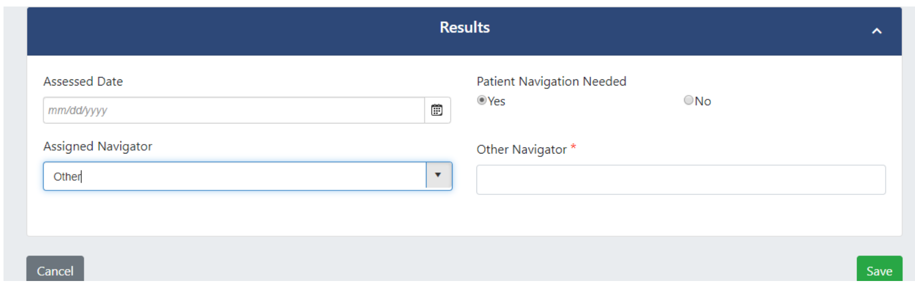
- Once the assessment navigator is identified, results of the needs assessment can be documented in the following sections: Financial/Insurance, Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other Barriers. Below is an example of three of the Barrier sections:
    - A particular barrier can be indicated by clicking the box beside the barrier. If the client only identifies being ‘uninsured’ as a barrier, also choose ‘patient reports no barriers’ under Other Barriers, this should be a rare occurrence.
    - If a barrier with a text box next to it is clicked, the user will be required to fill in the box.



- In the Results section at the bottom of the Assessment screen, the user will indicate the date the needs assessment took place, if a Patient Navigator is needed, and the *Assigned Navigator*. *Patient Navigation Needed* should be noted as ‘Yes’ when barriers are identified beyond ‘uninsured’.

- The *Assigned Navigator* does not have to be the same person who conducted the needs assessment. In addition, the assigned navigator can be ‘other’, if case management/navigation is handled by multiple people or a sub-contractor.

- Once all sections of the Assessment screen are complete, click *Save* in the bottom right hand corner.



Encounters

- The Encounters section of the navigation tree is where the user will go to input information related to screening and diagnostic procedures. In addition, the enrollment date and previous mammogram/pap information will be collected here.

New Enrollment Encounter

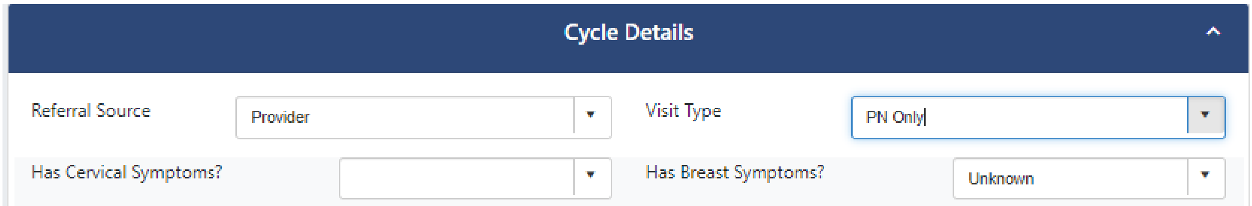
- Under Cycle 1 on the navigation tree, select Encounter. For a new client, this will automatically take the user to the enrollment encounter screen.
- In the Encounter Details section, select the *Encounter Date*, and P*rovider*. All other fields in this section will populate automatically. The *Encounter Date* for enrollment must be the same as or after the date the consent form was signed.

- In the Patient Navigation section, ‘yes’ is the default in the drop down menu for *Patient Navigation Paid by Program*.

- In the Cycle Details section all fields are required and should be completed.

    - **For a new client, *Visit Type* will be ‘PN Only’**.

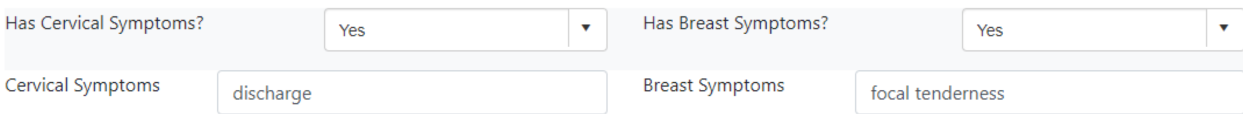
- Information is not automatically saved. The user must click *Save* before leaving the screen. For convenience, click *Save and New* to add additional encounters (i.e. CBE, pap, etc).



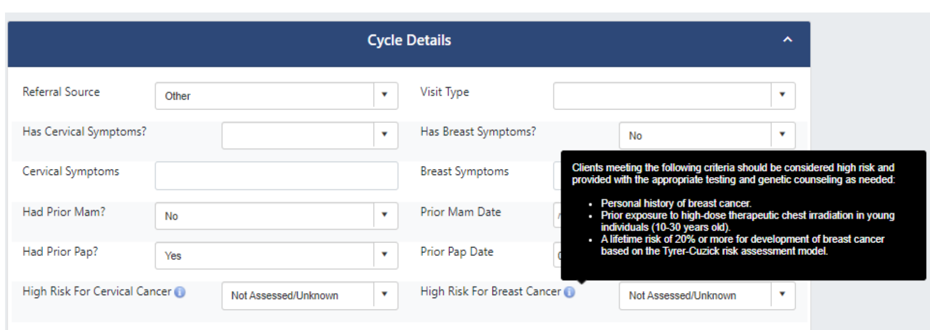
Key Points for Cycle Details

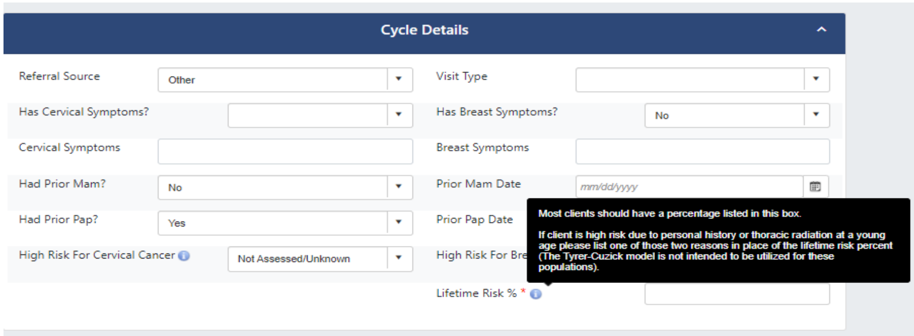
- *Referral Source* is how the client heard about or was referred to EWL services.
    - *Self* should be selected when the client self refers to EWL.
    - *Provider* should be selected when another provider refers the client (ie: PCP, Non-program providers).
    - *Outreach* should be selected when an outreach worker refers a client in.
    - *BCCP Reminder* should be selected when a client is a rescreen and they have received a reminder to re-enroll.
    - *Community Health Worker* should be selected when the client has been specifically referred by a CHW.
    - *Radio / TV / Newspaper* should be selected when the client identifies an advertisement as method of referral.
    - *Brochure* should be selected when the client identifies receipt of brochure as method of referral.
    - *Family / Friend* should be selected when the client identifies family or friend as method of referral.
    - *Health Fair* should be selected when the client identifies receiving information at a health fair about EWL.
    - *Internet / Web* should be selected when the client identifies receiving information about EWL online.
    - *Work site* should be selected when the client identifies receiving information about EWL from their employer.
    - *Bus Ad* should be selected when the client identifies this specific advertisement as method of referral.

- Breast / Cervical Symptoms:
    - If ‘Yes’ is selected for symptoms these fields become required to identify specific symptoms (i.e.: pain, lump, discharge)



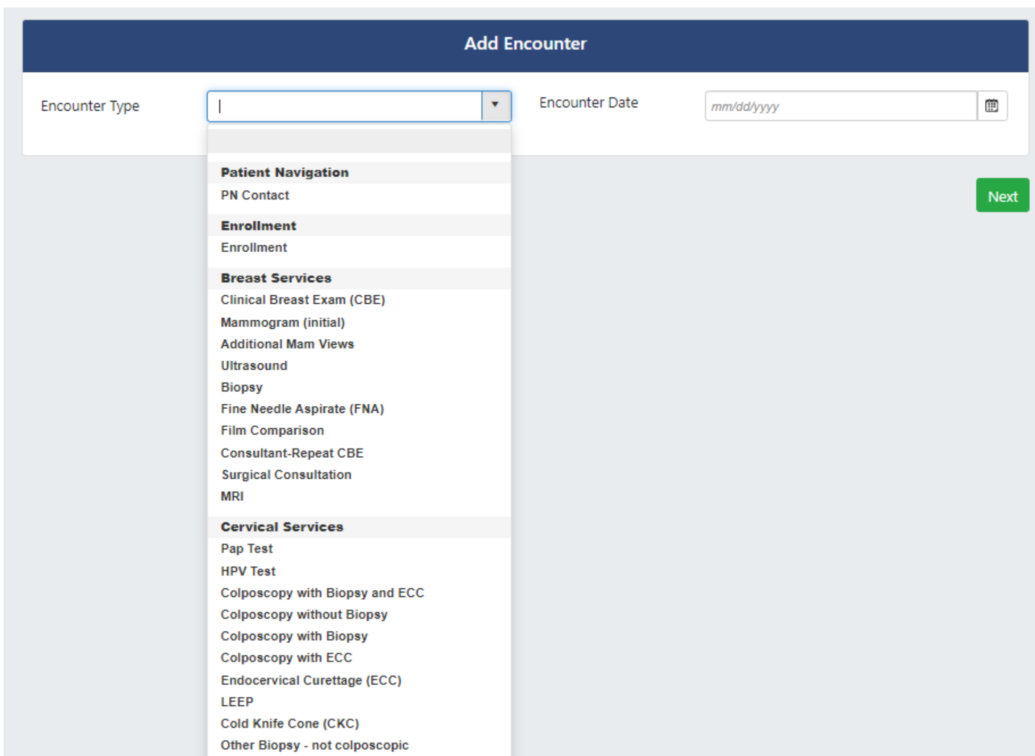
- What to do if the client **Has** *Prior Mam/Pap Date* to record:
    - If the client is able to provide a month **and** year, select ‘yes’ for *Had Prior Pap* (or prior mam). If they are not able to provide a month and can only give a year, select ‘unknown’ for *Had Prior Pap* (or prior mam).
- What to do if the client **Does Not Have** a *Prior Mam/Pap Date* to record:
    - If the client cannot disclose how long it has been, document as ‘No’ and leave *Prior Pap Date* (or prior mam) blank.
- *Breast and Cervical High Risk* - definitions for breast and cervical high risk are visible in a pop up when the user moves their mouse over the “i”. An example screen shot for cervical high risk can be found below:
    - If High Risk for Breast is ‘Yes’, a box will appear for Lifetime Risk percent. Include the percentage # from the Tyrer-Cuzick, if the client is a previous breast cancer survivor indicate personal history in this field.





- Once all sections of the Enrollment Encounter Screen are completed, click *Save*. As a reminder, the information entered will not save automatically. Clicking *Save and New* will take the user automatically to the screen to add new encounters (i.e. CBEs, etc).

- At the Add Encounter screen the user can choose which procedure to enter information for next.



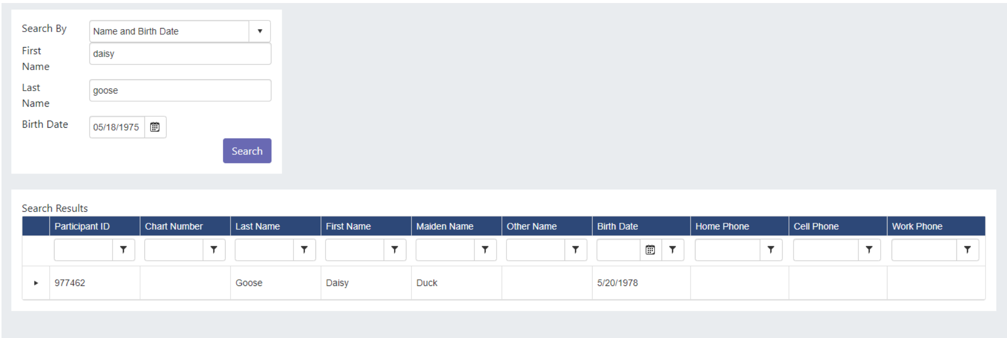
- **All procedures performed should be entered as appropriate encounters with locations and date in which the procedure was performed. Paid by Program should be NO for all PN Only clients.**

Returning EWL Clients

Participant Search-Returning Clients

- When searching for a returning client, if there is an existing profile for a client, select the profile and confirm address, phone number, DOB, and SSN.

- If client's last name is not found, double check the maiden name field to ensure client is not a returning EWL client.



Profile Screen

- The Profile screen will automatically pop up once the client's name has been selected. Verify that all information on the profile is up-to-date including: name, address and phone number.

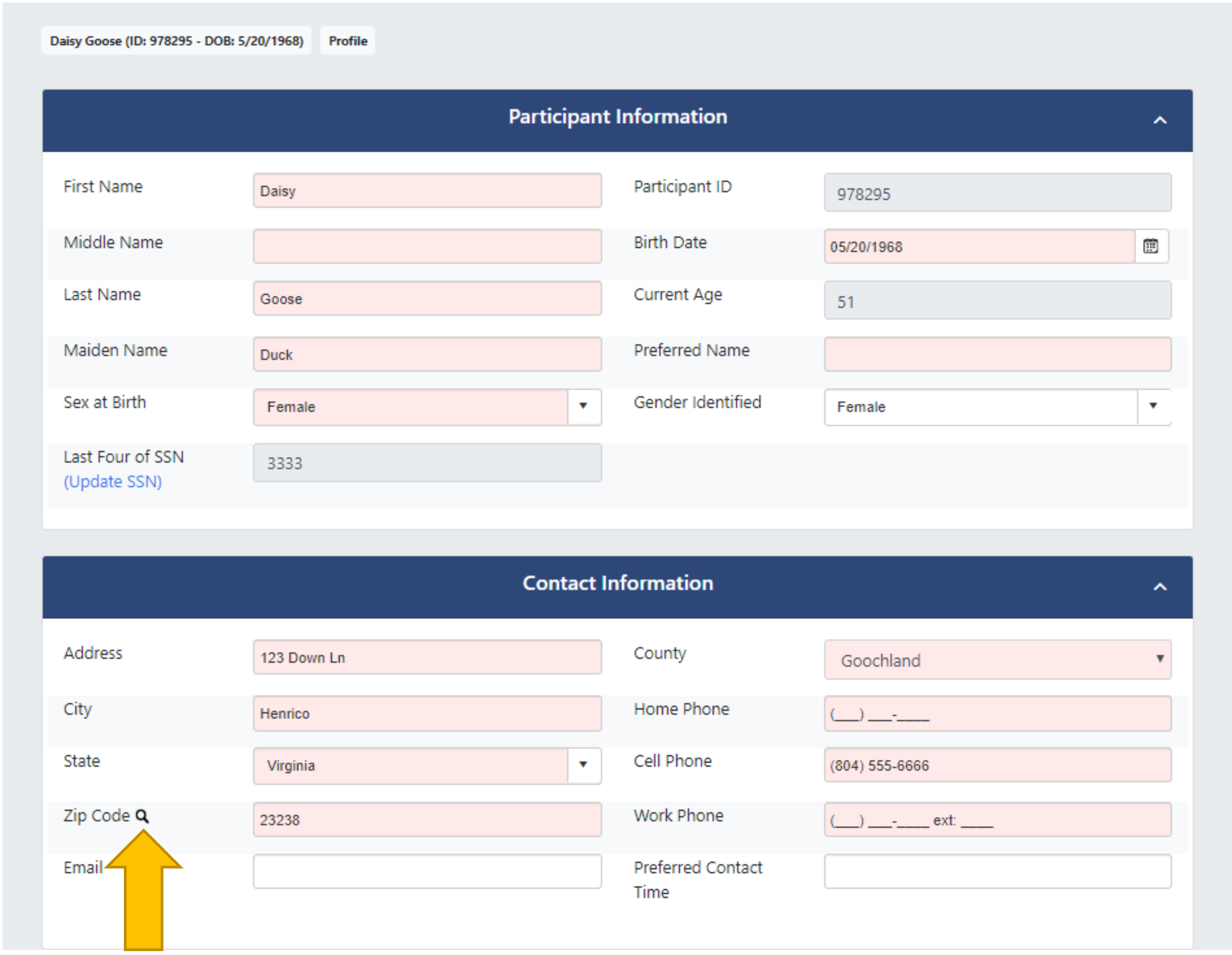
- If the name is misspelled, **Do Not** make changes to name, contact the EWL Data Manager.

- Addresses and phone numbers of clients can be updated if they have changed.

- If the participant has a preferred name, enter in the *Preferred Name* field and **use their legal name** for *First Name* and *Last Name*.

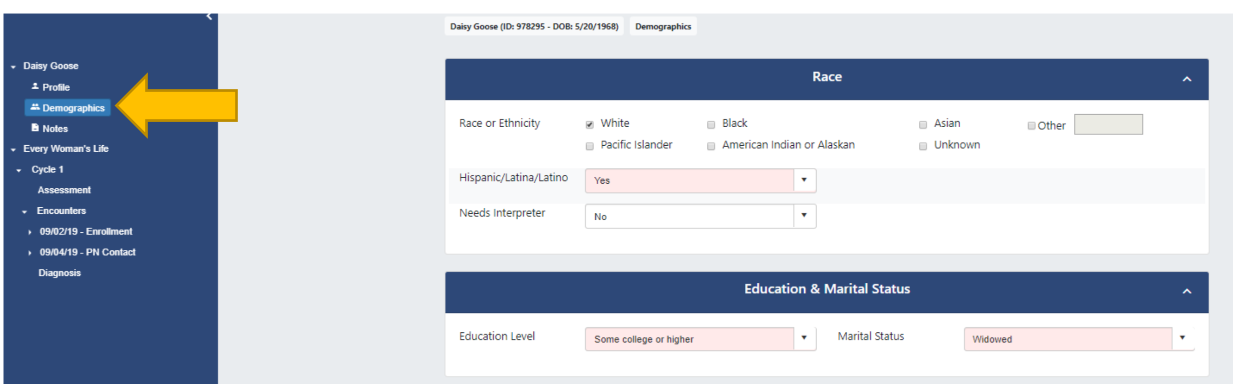
- Magnifying Glass: Once the zip code field is entered, clicking the magnifying glass auto populates the County.

- Information is not automatically saved. *Save* must be clicked before leaving every screen.



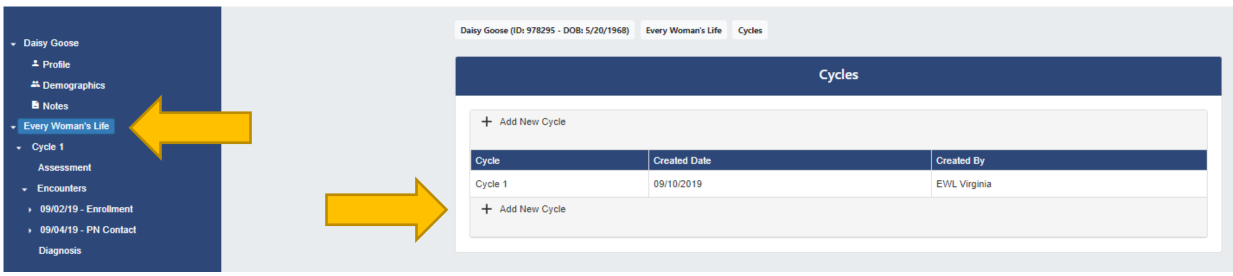
Demographics

- Select Demographics from the navigation tree.
- Complete any missing or unknown demographic information.



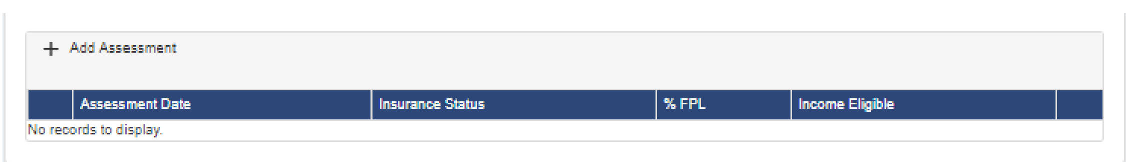
Adding a New Cycle

- Select *Every Woman's Life* in the navigation tree. Every short-term follow up or annual re-enrollment starts a new cycle.
- Click the plus (+) symbol next to *Add New Cycle* to start a new cycle.
- A new cycle will be added to the table with the user's name (created by) and today's date. In addition, the cycle will be added to the navigation tree.



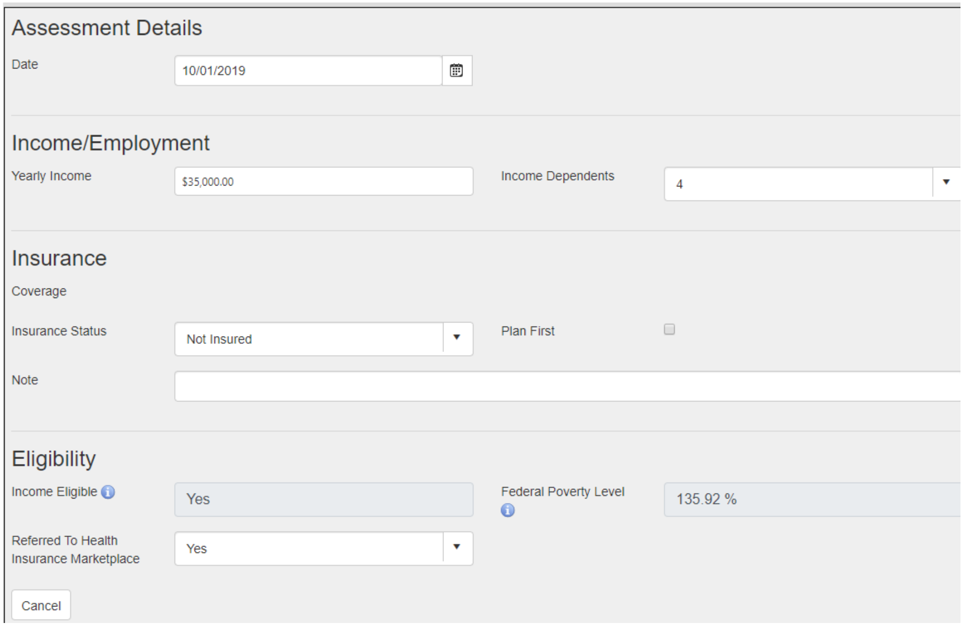
Assessment

- Expand the newly created cycle by clicking on the > next to the Cycle heading and click on Assessment.
    - A new assessment is due with each enrollment cycle. Users will be locked out of existing forms and unable to edit.
- Clicking the (+) button next to *Add Assessment* will open the insurance assessment form to allow for income, eligibility, and insurance information to be collected.



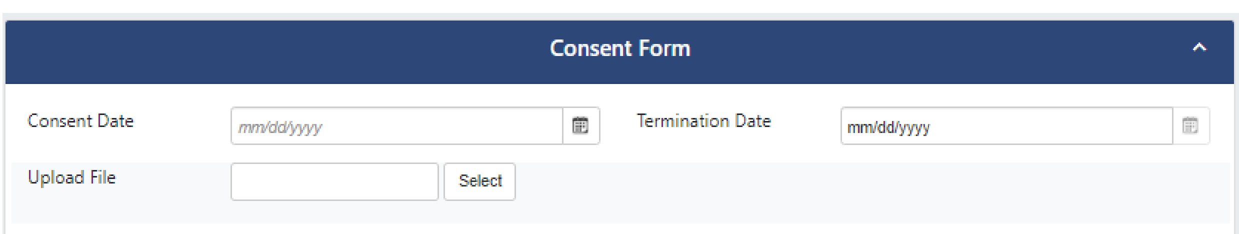
- *Date* should be documented as the date eligibility was assessed.
- The *Federal Poverty Level* field will automatically populate based on inputted Y*early Income and Income Dependents*.
- Anyone between 138% and 250% should be referred to the Health Insurance Marketplace.

- Once *Yearly Income, Income Dependents,* and *Insurance Status* are complete, click *Save*. This will save the information and collapse the Insurance Assessment section.



Client Participation Agreement

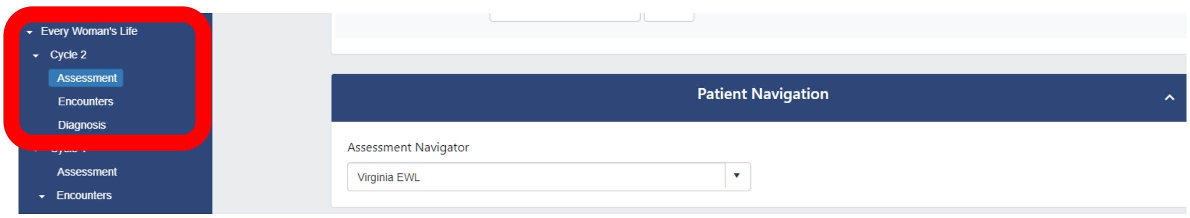
- A Client Participation Agreement is required to be completed at each enrollment cycle, prior to any EWL service being performed.
- *Consent Date* is the date it was signed by client.
- *Termination Date* is auto-populated to be 1 year from consent date.
- An *upload button* has been added for the option to upload the signed consent form for the cycle.
    - Click select and your folders will automatically open.
    - Navigate to where the consent form has been scanned in, double click on file or click open to upload the form.



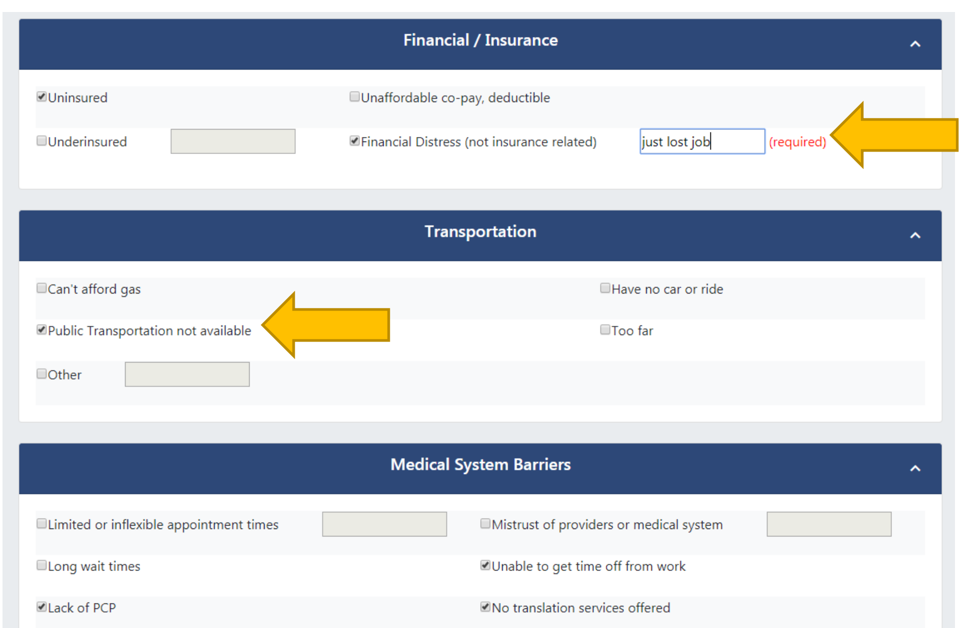
Patient Navigation / Barriers

- The Patient Navigation and Barriers sections of the Assessment screen will be used to document client needs assessment results. A needs assessment should be conducted at the time of annual enrollment and documented in the Barrier sections of the Assessment screen. A client's needs should be reassessed after an abnormal screening result and any changes updated in the Barriers sections.

- The first step when entering needs assessment results will be indicating who completed the assessment with the *Assessment Navigator* field. This will automatically populate to the credentials of whoever is entering the information, but can be changed. If the individual who completed the assessment is not listed (i.e. may have been done through a subcontractor), please select 'other'.



- Once the A*ssessment Navigator* is identified, results of the needs assessment can be documented in the following sections: Financial/Insurance, Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other Barriers. Below is an example of three of the Barrier sections:



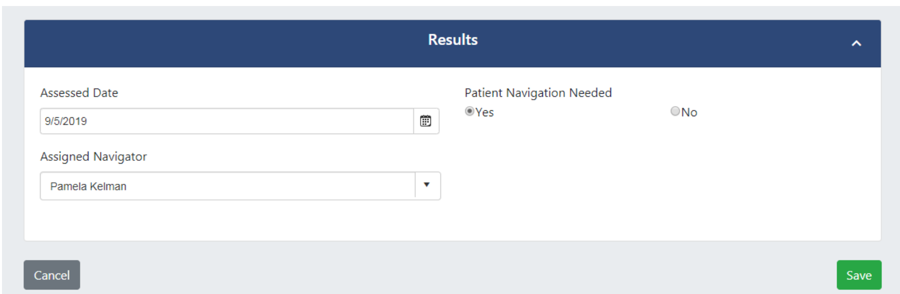
- A particular barrier can be indicated by clicking the box beside the barrier. If the client only identifies being 'uninsured' as a barrier, choose 'patient reports no barriers' under Other Barriers, this should be a rare occurrence.

- If a barrier with a text box next to it is clicked, the user will be required to fill in the box.

- In the Results section at the bottom of the Assessment screen, the user will indicate the date the needs assessment took place, if a Patient Navigator is needed, and the *Assigned Navigator*. *Patient Navigation Needed* should be noted as 'Yes' when barriers are identified beyond 'uninsured'.

- The *Assigned Navigator* does not have to be the same person who conducted the needs assessment. In addition, the assigned navigator can be 'other', if case management/navigation is handled by multiple people or a subcontractor.

- Once all information is entered, click *Save* in the bottom right hand of the screen. Entered information is not automatically saved.



Encounters

- The Encounters section of the navigation tree is where the user will go to input information related to screening and diagnostic procedures. In addition, the enrollment date and previous mammogram/pap information will be collected here.

New Enrollment Encounter

- To add a new encounter, click Encounter in the navigation tree.

- In the Encounter Details section, select the *Encounter Date* and *Provider*. All other fields in this section will populate automatically. The *Encounter Date* for enrollment must be the same as or after the date the consent form was signed.

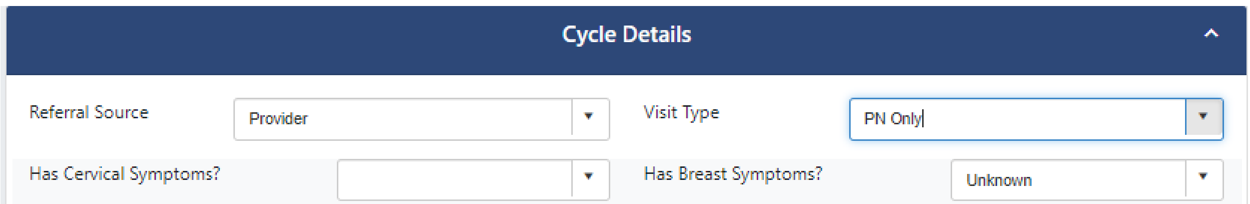
- In the Patient Navigation section, 'yes' is the default in the drop down menu for *Patient Navigation Paid by Program*.

- In the Cycle Details section, all fields are required and should be completed.

- **For a returning client, *Visit Type* will be ‘PN Only’.**

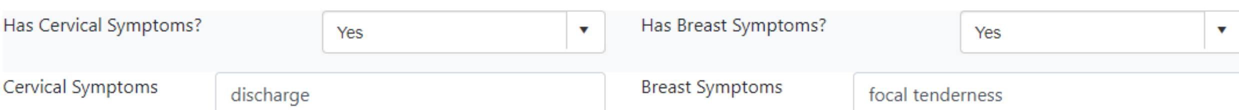
- Information is not automatically saved. The user must click *Save* before leaving the screen.

- For convenience, click *Save and New* to add additional encounters (i.e. CBE, pap, etc).



Key Points for Cycle Details

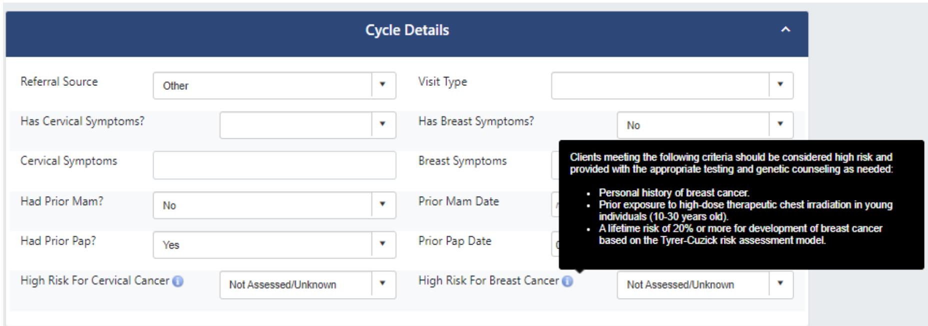
- Breast / Cervical Symptoms:
  - If ‘Yes’ is selected for symptoms these fields become required to identify specific symptoms (i.e.: pain, lump, discharge)

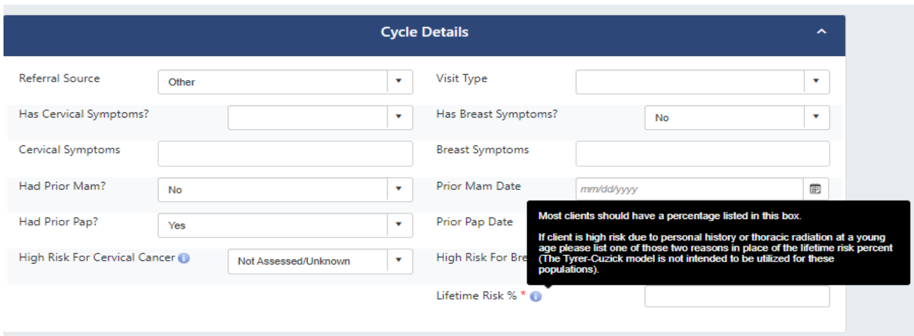


- What to do if the client **Has** *Prior Mam/Pap Date* to record:
  - If the client is able to provide a month **and** year, select ‘yes’ for *Had Prior Pap* (or prior mam). If they are not able to provide a month and can only give a year, select ‘unknown’ for *Had Prior Pap* (or prior mam).

- What to do if the client **Does Not Have** a *Prior Mam/Pap Date* to record:
  - If the client cannot disclose how long it has been, document as ‘No’ and leave *Prior Pap Date* (or prior mam) blank.

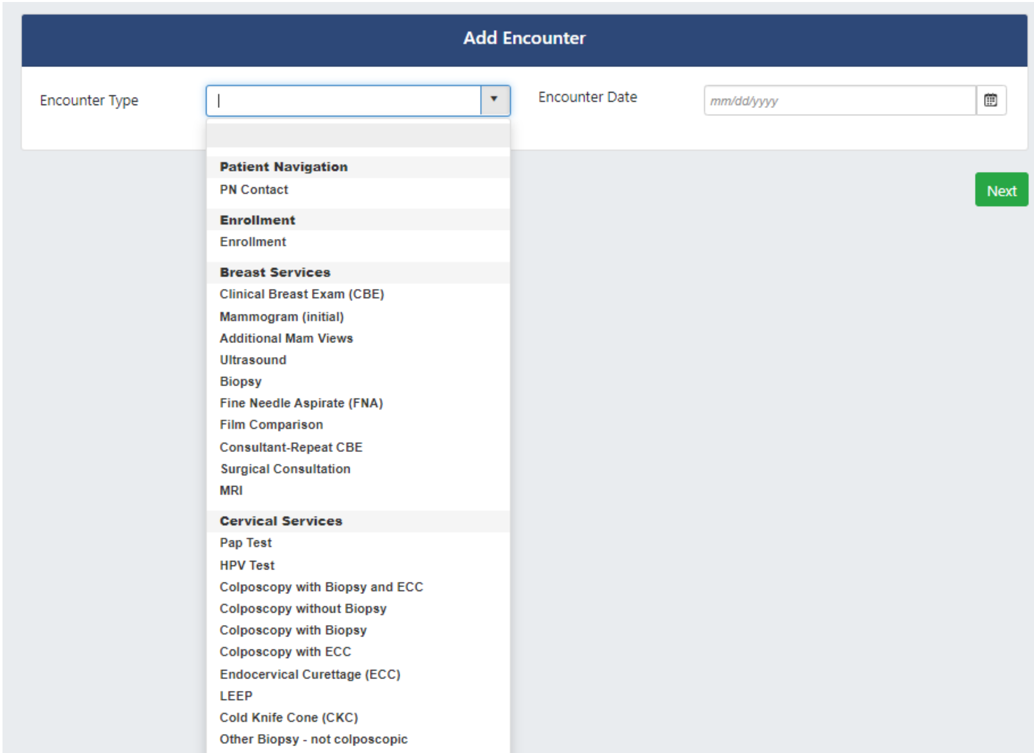
- *Breast and Cervical High Risk* - definitions for breast and cervical high risk are visible in a pop up when the user moves their mouse over the “i”. An example screen shot for cervical high risk can be found below:
  - If High Risk for Breast is ‘Yes’, a box will appear for Lifetime Risk percent. Include the percentage # from the Tyrer-Cuzick, if the client is a previous breast cancer survivor indicate personal history in this field.





- Once all sections of the Enrollment Encounter Screen are completed, click *Save*. As a reminder, the information entered will not save automatically. Clicking *Save and New* will take the user automatically to the screen to add new encounters (i.e. CBEs, etc).

- At the Add Encounter screen the user can choose which procedure to enter information for next.



- **All procedures performed should be entered as appropriate encounters with locations and date in which the procedure was performed. Paid by Program should be NO for all PN Only clients.**

PN Contact Encounter

- **PN Only clients are required to have at least two PN Contacts to be approved.**

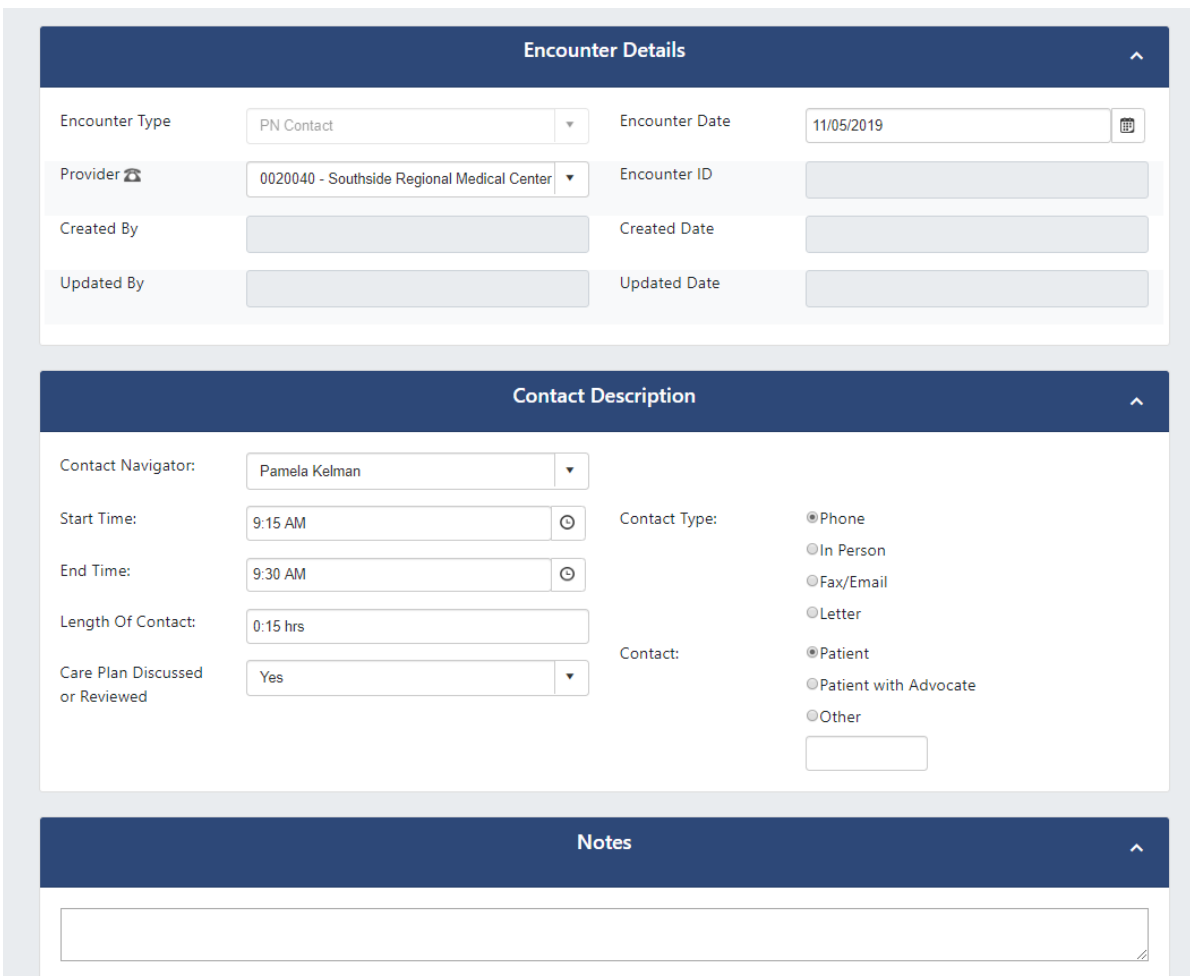
- The PN Contact option in Encounters will be used to document each contact made with the client, including when a care plan was established. Encounters with the client performed by a subcontractor should also be recorded under PN Contact. Medical records shared with the EWL provider can be used to complete this requirement.

- Below is a walk-through of how to navigate the PN Contact Encounter option. The functions of this encounter type are the same whether the client is new or a current client.

- Under Encounter Details select the *Encounter Date* and P*rovider*. *Encounter Date* is the date the encounter actually took place. All other fields in this section will automatically populate.

- All fields under Contact Description should be completed.

- 'Other' can be selected for *Contact Navigator* if contact was completed by a subcontractor. If this option is chosen *Other Navigator* field will appear and is required to be completed.
    - For *Start Time/End Time* choose the times that best reflect the communication that took place. If the time is not available because it was done by a subcontractor, they can be left blank.
    - *Length of Contact* will automatically populate based on the information inputted for Start/End Time.
    - Indicate 'Yes' for *Care Plan Established/Reviewed* if a care plan was established or reviewed/updated during the recorded contact. A care plan is expected if barriers were identified during a needs assessment. This field is required.
    - Notes section can be used to record any additional information about the contact that is not able to be collected elsewhere in the PN Contact screen.

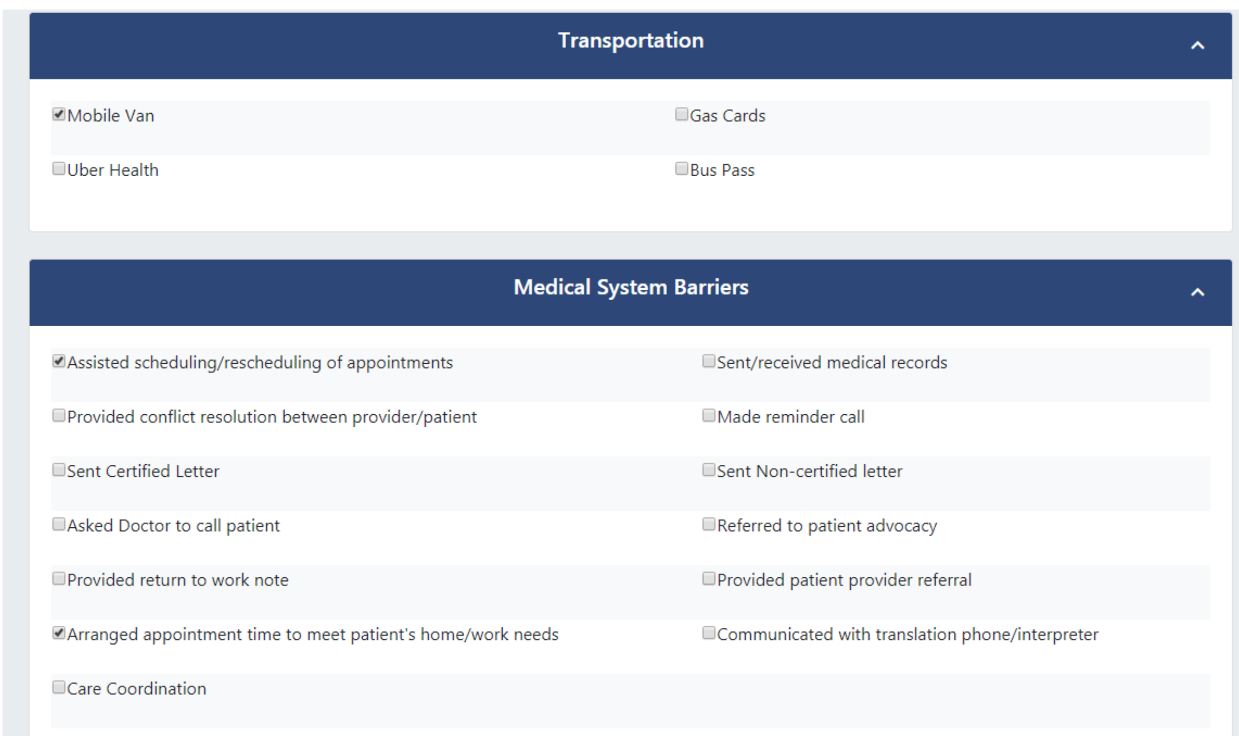


- The remaining sections of the PN Encounter screen allow the user to indicate what was addressed during the encounter. These sections include Transportation, Medical System Barriers, Education/Personal Values, Support System, and Other.

- If a PN Encounter is indicated as having included *Care Plan Discussed or Review*, it is expected that all barriers previously identified in the needs assessment are addressed and documented in the PN Encounter. For example, if in the Assessment section for this cycle it is recorded that transportation is a barrier because public transportation is not available, then in the PN Encounter the expectation is that something will be recorded under the Transportation section to address said barrier (for example, mobile van).

- If client is already established with a Care Plan and there are no updates, check the box for *No Changes to Already Established Care Plan* in the Other Barriers Addressed section.

- Below is a screen shot of the Transportation and Medical System Barriers section completed:



- Once all sections of the PN Encounter Screen are completed, click *Save*. Clicking *Save and New* will take the user automatically to the screen to add new encounters (i.e. CBEs, etc). As a reminder, the information entered will not save automatically.

- All procedures performed should be entered as appropriate encounters with locations and date in which the procedure was performed. Paid by Program should be NO for all PN Only clients.

Diagnosis and Treatment

- The Diagnosis and Treatment section of the navigation tree will be used to record final diagnosis and treatment information for both breast and cervical services.

- All fields in the Diagnosis Details section will automatically populate once the screen is saved.

- The Final Imaging section is used to record the result and date of the last imaging procedure the client received (i.e. follow up mammogram, ultrasound, MRI).

- The Breast Diagnosis and Cervical Diagnosis sections are used to record work-up status, final diagnosis, diagnosis date, stage at diagnosis, and tumor size (for breast only).

    - *Status*: Field used to record work-up status.

        - 'Work-up complete': This should be selected if no additional diagnostics are required or short term follow up is indicated.

        - 'Work-up Pending': This should ONLY be selected during closeout.

        - 'Lost to Follow-up': For a status of 'Lost to Follow-Up', enter the date after three different attempts to contact the client have been made.

        - 'Work-up Refused': This should be selected if the client refused work up.

        - 'Irreconcilable': This should be selected in cases where the clinical work-up could not be completed because the client passed away.

    - *Diagnosis Date:* This should be the date the treating clinician receives the results of the final procedure performed or the date the determination was made by the treating clinician. For 'lost to follow-up' or 'refused', the last date of attempted contact or the date in which the work up was refused should be used.

- The Breast and Cervical Treatment sections are used to record information about treatment status and start date.

    - *Status Date:* Report the date treatment was started (i.e. chemo, radiation, excision, etc).

- For a status of ‘Lost to Follow-Up’, enter the date after three different attempts to contact the client have been made.

- For a status of ‘Treatment Refused’, enter the date of the refusal.

- If treatment is ‘Not Needed”, enter the date that both the clinician and the patient jointly agree not to pursue treatment (e.g. end stage cancers).

- Once all sections of the Diagnosis and Treatment screen are complete, click *Save* in the bottom right hand corner.

Invoicing

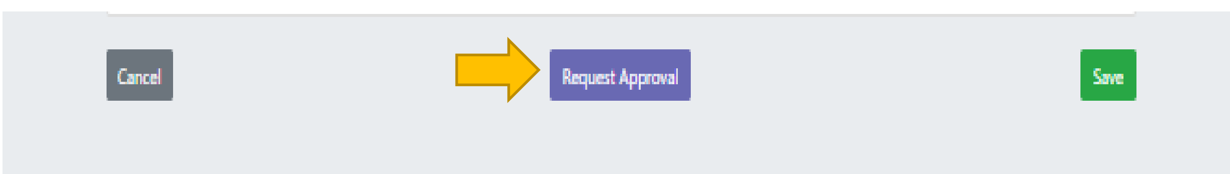
- Clients can only be submitted for invoice approval if all procedures have been completed.

- Clients will be submitted to Central Office for review by selecting *Request Approval* at the bottom of the Diagnosis and Treatment screen.

  - Once a client is submitted, the system will review the cycle for completeness against predetermined rules and if there are any errors a pop-up detailing the errors will appear. The errors will need to be corrected prior to submission.

  - A confirmation box will pop up asking: “Are you sure you want to submit this cycle for approval?”

  - Select ‘OK’ to submit the client to Central Office for approval.



- Central Office will receive a list of clients that have been submitted for approval nightly and will review. Submitted clients from providers will be reviewed within 2 to 4 business days. The EWL Central Office will contact a provider if there will be a delay in approval.

- The EWL provider will receive notification in the Catalyst 120 System once a client is approved or denied. The notification icon will turn red when there are new notifications.

  - In addition, you will receive a nightly email notifying you to view your notifications in Catalyst 120.

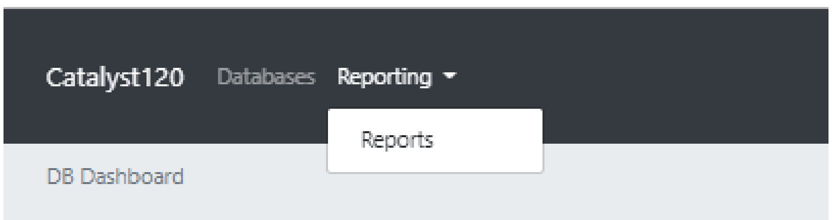
- For all denied clients, a Final Approval Form will be sent via SFTP in addition to the notification.

- Invoices will continue to be sent to the Central Office on a **<u>monthly</u>** basis.

- When you are prepared to submit your site's monthly invoice, a list of approved clients, short-term follow up clients, PN Only, and BCCPTA Only clients to date will be available for review by generating the *Monthly Billing Report*. This report can be found under the *Reporting* tab along the top of the database screen.

  - Clients will appear in a separate section of your Monthly Billing Report as well as a separate tab on the Catalyst generated excel sheet.

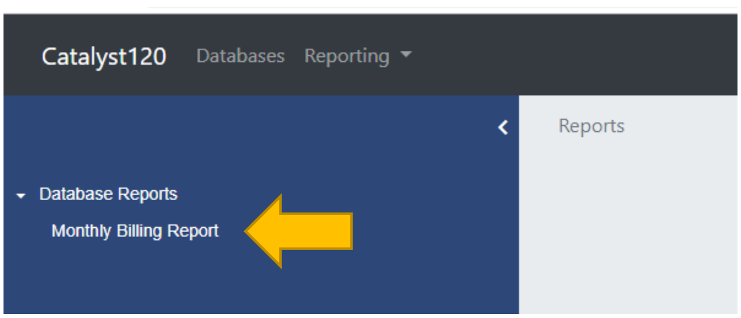
  - A separate row has been added to your Catalyst generated invoice to calculate total approved PN only clients at the $210 cap rate.



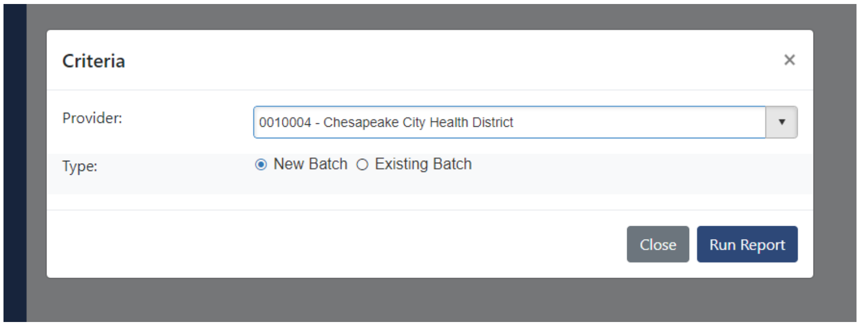
  - Select *Reporting*.

  - Select *Reports*.

  - Select *Monthly Billing Report* from navigation tree.



  - A report criteria pop up will appear with your *provider name* and the *Type: (New Batch or Existing Batch).* Select *New Batch* to see clients that have been approved by Central Office. Select *Run Report*.



- The report will generate a list of approved clients, approved short term follow up clients, approved PN only clients and approved BCCPTA treatment only clients in four separate sections.

- At the top of the report is a blue button labeled *Print Invoice Packet*. Clicking this button will generate an excel file with your Invoice cover page and client lists automatically populated in separate tabs.

    - The only aspect not pre-populated is "submitted by" and "invoice number". These must be filled in by the provider prior to submission to the Central Office.

    - Take note of the batch number automatically generated as it will be the only way to return to a previously generated invoice in Catalyst 120 using *Existing Batch*.

    - Once finalized, the invoice should be submitted to the Central Office using SFTP and saved for your records.

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